

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                      | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>MARIETTA HEALTH CARE PHYSICIANS, INC. 403(B) PLAN</u>                                                                                                                                                                                                                                                                                  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>005</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1999</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>005</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/1999</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                            | <u>005</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1999</u>                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>MARIETTA HEALTH CARE PHYSICIANS, INC.</u><br><br><u>PO BOX 449</u><br><u>MARIETTA, OH 45750</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>31-1375125</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>740-374-4500</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>621111</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>31-1375125</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>740-374-4500</u> | <b>2d</b> Business code (see instructions)<br><u>621111</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>31-1375125</u>                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>740-374-4500</u>                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>621111</u>                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/28/2021 | DEEANN GEHLAUF                                               |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2020)  
v. 200204

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 355 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 288 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 296 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 68  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 364 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 364 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 333 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2F 2G 2M 2R 2T 3D 3H                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                              |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 \_\_\_\_\_

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                 |                                                      |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020      |                                                      |
| A Name of plan<br>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<br>MARIETTA HEALTH CARE PHYSICIANS, INC. | D Employer Identification Number (EIN)<br>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                             | 333                                                                         | 01/01/2020              | 12/31/2020 |

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<br>2769 | (b) Total amount of fees paid<br>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 |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 2769                                          |                                 |             | 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 |                       |
|                                               |                                 |             |                       |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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** 1408946**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** 1244894**c** Additions: (1) Contributions deposited during the year ..... **7c(1)** 146701  
(2) Dividends and credits..... **7c(2)**  
(3) Interest credited during the year..... **7c(3)** 24902  
(4) Transferred from separate account..... **7c(4)** 123713  
(5) Other (specify below)..... **7c(5)** 4174

▶ LOAN REPAYMENT - PRINCIPAL

(6) Total additions ..... **7c(6)** 299490**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 1544384**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 77915(2) Administration charge made by carrier..... **7e(2)** 712(3) Transferred to separate account..... **7e(3)** 130466(4) Other (specify below)..... **7e(4)** 442

▶ PLAN LEVEL WITHDRAWAL

(5) Total deductions ..... **7e(5)** 209535**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 1334849

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2020</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                        |                                                             |     |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020             |                                                             |     |
| <b>A</b> Name of plan<br>MARIETTA HEALTH CARE PHYSICIANS, INC. 403(B) PLAN                             | <b>B</b> Three-digit plan number (PN) ▶                     | 005 |
|                                                                                                        |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>MARIETTA HEALTH CARE PHYSICIANS, INC. | <b>D</b> Employer Identification Number (EIN)<br>31-1375125 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                                   |                                               |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>(b)</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<br>GREENSBURG, PA 15601 |

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

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</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

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**(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

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**(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

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**(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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA  
COLUMBUS, OH 43215

| <b>(b)</b><br>Service Code(s)          | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 33 37 49<br>52 59 60 63<br>64 71 99 | SERVICE PROVIDER                                                                                         | 150851                                                                        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 12                                                                                                                                                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

WELLS FARGO ADVISORS FIN NET(FINET)

ADVISORY BILLING H0006-08R  
1 N JEFFERSON AVE  
SAINT LOUIS, MO 63103

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 22 26 50                      | FINANCIAL ADVISOR                                                                                        | 32661                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

LATITUDE SERVICE COMPANY, INC.

1500 NORTH OAK DRIVE  
PLYMOUTH, IN 46563

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 49 50 99                      | TPA                                                                                                      | 3200                                                                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 20991                                                                                                                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LATITUDE SERVICE COMPANY, INC.                                            | 49 99                                   | 20991                                                                                                                                                              |
| (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. |
| LATITUDE SERVICE COMPANY, INC. 1500 NORTH OAK DRIVE<br>PLYMOUTH, IN 46563 |                                         | ADMINISTRATIVE SERVICES FEE/ OVERRIDE                                                                                                                              |
|                                                                           |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes<br>(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<br>COLUMBUS, OH 43215      |                                         | NET ROR=GROSS ROR-ANNUITY RATE ADJUSTMENT<br>(ROR: RATE OF RETURN ON GIC) FOR THE PERIOD OF<br>01/01/2020 - 12/31/2020 1.93%= 2.71%-0.78%                          |
|                                                                           |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|                                                                           |                                         |                                                                                                                                                                    |
| (d) Enter name and EIN (address) of source of indirect compensation       |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|                                                                           |                                         |                                                                                                                                                                    |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>MARIETTA HEALTH CARE PHYSICIANS, INC. 403(B) PLAN</u>                                                                                                                                                                                        | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>005</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MARIETTA HEALTH CARE PHYSICIANS, INC.</u>                                                                                                                                                            | <b>D</b> Employer Identification Number (EIN)<br><u>31-1375125</u>                                                                                                                                                                                                           |                                                                                                          |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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  |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b>             |                  |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                  |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1b(1)</b>          | 6642601145411    |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b>          | 134885           |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(3)</b>          | 5291             |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                  |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(1)</b>          | 12515671175157   |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          |                  |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                  |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       |                  |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1c(3)(B)</b>       |                  |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                  |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>       |                  |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(4)(B)</b>       |                  |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b>          |                  |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b>          |                  |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b>          |                  |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(8)</b>          | 336606397825     |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | <b>1c(9)</b>          |                  |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b>         |                  |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(11)</b>         |                  |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b>         |                  |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(13)</b>         | 3805449946034841 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         | 12448941334849   |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(15)</b>         |                  |

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                              |              |                       |                 |
| (1) Employer securities.....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                      | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 41692002              | 50088083        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> |   |   |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 41692002 | 50088083 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|----------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a</b> Contributions:                                                                      |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                 | <b>2a(1)(A)</b> | 1153524    |           |
| (B) Participants .....                                                                       | <b>2a(1)(B)</b> | 4195143    |           |
| (C) Others (including rollovers).....                                                        | <b>2a(1)(C)</b> | 861363     |           |
| (2) Noncash contributions .....                                                              | <b>2a(2)</b>    |            | 6210030   |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....   | <b>2a(3)</b>    |            |           |
| <b>b</b> Earnings on investments:                                                            |                 |            |           |
| (1) Interest:                                                                                |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | <b>2b(1)(A)</b> |            |           |
| (B) U.S. Government securities .....                                                         | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                         | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                 | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans.....                                                                   | <b>2b(1)(E)</b> | 20281      |           |
| (F) Other .....                                                                              | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F).....                               | <b>2b(1)(G)</b> |            | 20281     |
| (2) Dividends: (A) Preferred stock.....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                       | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds).....                            | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                          | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                              | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                          | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions).....                                        | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....           | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                  | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                              | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and (B) .....      | <b>2b(5)(C)</b> |            | 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) |            | 6149262   |
| c Other income .....                                                                            | 2c     |            | 55        |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....                | 2d     |            | 12379628  |

**Expenses****e** Benefit payment and payments to provide benefits:

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 3830596 |         |
| (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) |         | 3830596 |
| 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) | 32661   |         |
| (2) Contract administrator fees .....                                               | 2i(2) | 150851  |         |
| (3) Investment advisory and management fees .....                                   | 2i(3) |         |         |
| (4) Other.....                                                                      | 2i(4) | 3350    |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                | 2i(5) |         | 186862  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 4017458 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 8362170 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan.....                                    | 2l(1) |  | 45008   |
| (2) From this plan .....                                 | 2l(2) |  | 11097   |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **MCM CPAS & ADVISORS LLP**

(2) EIN: **27-1235638**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                 | No                 | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------|
| <b>b</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.) .....                                                                                |                     |                    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <b>c</b> 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.) .....                                                                                                                                                                                                            |                     |                    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <b>d</b> 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.) .....                                                                                                                                                                                                 |                     |                    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                        | X                   |                    | 2000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <b>g</b> 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? .....                                                                                                                                                                                                                      |                     |                    |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <b>h</b> 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? .....                                                                                                                                                                                                            |                     |                    |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                  | X                   |                    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                       | X                   |                    |         |
| <b>j</b> 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.) .....                                                                                                                                                                    |                     |                    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                             |                     |                    |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                              |                     |                    |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                    |                     |                    |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <b>n</b> 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. ....                                                                                                                                                                                                        |                     |                    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     |                    |         |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                             |                     |                    |         |
| <b>5b</b> 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.)                                                                                                                                                                                    |                     |                    |         |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                    | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |         |
| RETIREMENT PLUS OF MEMORIAL HEALTH SYSTEMS HOSPITALS                                                                                                                                                                                                                                                                                                                                            | 31-4379509          | 006                |         |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |         |
| <b>5c</b> Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. |                     |                    |         |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

|                                                                                                             |                                                                  |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>MARIETTA HEALTH CARE PHYSICIANS, INC. 403(B) PLAN</div>                             | <div>B Three-digit plan number (PN) ▶ 005</div>                  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>MARIETTA HEALTH CARE PHYSICIANS, INC.</div> | <div>D Employer Identification Number (EIN)<br/>31-1375125</div> |

|        |               |
|--------|---------------|
| Part I | Distributions |
|--------|---------------|

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

|                                                                                                                                                                                                                                                                                                                                               |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>                                                                                                                                                                                                     | <div>1</div> |
| <div>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):<br/><br/>EIN(s): 31-4156830</div> <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div> |              |
| <div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....</div>                                                                                                                                                                                                          | <div>3</div> |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....</div> <div>If the plan is a defined benefit plan, go to line 8.</div>                                                                                                                                                                         | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>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 _____<br/>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div> |                                                                                                  |
| <div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....</div>                                                                                                                                                                                                               | <div>6a</div>                                                                                    |
| <div>b Enter the amount contributed by the employer to the plan for this plan year .....</div>                                                                                                                                                                                                                                                                   | <div>6b</div>                                                                                    |
| <div>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).....</div>                                                                                                                                                                                                              | <div>6c</div>                                                                                    |
| <div>If you completed line 6c, skip lines 8 and 9.</div>                                                                                                                                                                                                                                                                                                         |                                                                                                  |
| <div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .....</div>                                                                                                                                                                                                                                                           | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>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? .....</div>                                                                                  | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |

|          |            |
|----------|------------|
| Part III | Amendments |
|----------|------------|

|                                                                                                                                                                                                                                |                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <div>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.....</div> | <div><input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                  |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....</div>                                                      | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>11 a Does the ESOP hold any preferred stock? .....</div>                                                                                                                                    | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>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.) .....</div> | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....</div>                                                                               | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |

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

Schedule R (Form 5500) 2020  
v. 200204

**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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation \_\_\_\_\_

**Marietta Health Care Physicians, Inc.  
403(b) Plan**

**Financial Statements**

**December 31, 2020 and 2019**

**Marietta Health Care Physicians, Inc. 403(b) Plan**  
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**December 31, 2020 and 2019**

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## **Independent Auditor's Report**

To the Board of Directors  
Memorial Health System  
Marietta Health Care Physicians, Inc. 403(b) Plan

We were engaged to audit the accompanying financial statements of the Marietta Health Care Physicians, Inc. 403(b) Plan (the "Plan") which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information in Note C, which was certified by Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, FSB, a division of Nationwide bank ("Nationwide"), 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 December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the Plan administrator by the custodian is complete and accurate.

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## **Independent Auditor's Report (Continued)**

### **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.

### **Report on Supplementary Information**

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2020 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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 this supplemental schedule.

### **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 ERISA.

A handwritten signature in black ink that reads "MCM CPAs & Advisors LLP". The signature is stylized, with the "MCM" being particularly prominent and the "CPAs & Advisors LLP" written in a more standard but still cursive script.

Louisville, Kentucky  
August 30, 2021

**Marietta Health Care Physicians, Inc. 403(b) Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2020 and 2019**

|                                          | <u>2020</u>                 | <u>2019</u>                 |
|------------------------------------------|-----------------------------|-----------------------------|
| <b>Assets</b>                            |                             |                             |
| Investments, at fair value               |                             |                             |
| Money market fund                        | \$ 1,175,157                | \$ 1,251,567                |
| Investment contract                      | 1,408,946                   | 1,265,161                   |
| Mutual funds                             | <u>46,034,841</u>           | <u>38,054,499</u>           |
|                                          | 48,618,944                  | 40,571,227                  |
| Receivables                              |                             |                             |
| Employer contributions                   | 1,145,411                   | 664,260                     |
| Participant contributions                | -                           | 134,885                     |
| Other                                    | -                           | 5,291                       |
| Notes receivable from participants       | <u>397,825</u>              | <u>336,606</u>              |
|                                          | <u>1,543,236</u>            | <u>1,141,042</u>            |
| <b>Net assets available for benefits</b> | <u><u>\$ 50,162,180</u></u> | <u><u>\$ 41,712,269</u></u> |

See accompanying notes.

**Marietta Health Care Physicians, Inc. 403(b) Plan**  
**Statement of Changes in Net Assets Available for Benefits**  
**Year Ended December 31, 2020**

**Additions to net assets attributed to**

|                                                       |                  |
|-------------------------------------------------------|------------------|
| Investment income, including net appreciation         | \$ 6,203,147     |
| Interest income on notes receivable from participants | 20,281           |
| Contributions                                         |                  |
| Employer                                              | 1,153,524        |
| Participant                                           | 4,195,143        |
| Others, including rollover                            | 861,363          |
|                                                       | <u>6,210,030</u> |
| <b>Total additions</b>                                | 12,433,458       |

**Deductions from net assets attributed to**

|                                      |                  |
|--------------------------------------|------------------|
| Benefits paid to participants        | 3,830,596        |
| Administrative expenses              | 186,862          |
|                                      | <u>4,017,458</u> |
| <b>Total deductions</b>              | 4,017,458        |
| <b>Net increase before transfers</b> | 8,416,000        |

|                          |               |
|--------------------------|---------------|
| <b>Transfers in, net</b> | <u>33,911</u> |
| <b>Net increase</b>      | 8,449,911     |

**Net assets available for benefits**

|                          |                             |
|--------------------------|-----------------------------|
| <b>Beginning of year</b> | <u>41,712,269</u>           |
| <b>End of year</b>       | <u><u>\$ 50,162,180</u></u> |

See accompanying notes.

**Marietta Health Care Physicians, Inc. 403(b) Plan**  
**Notes to the Financial Statements**  
**December 31, 2020 and 2019**

**Note A - 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 document for a more complete description of the Plan's provisions.

1. 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").

On March 27, 2020, the Coronavirus Aid, Relief and Economic Security ("CARES") Act was signed into law. Plans were permitted to adopt these provisions immediately provided the Plan document is retroactively amended on or before December 31, 2022. Plan management elected to adopt the following provisions:

- For qualified individuals with outstanding loans, loan repayments during the period March 27, 2020 through December 31, 2020, may be deferred for up to one year. The term of the loan will be extended by the length of the deferment period and adjusted for accrued interest.
  - Required minimum distributions were suspended in 2020.
2. Plan Contributions: A participant may elect to contribute up to the maximum compensation permissible under the Internal Revenue Code ("IRC") a portion of their compensation by completing a salary reduction agreement. The Plan Sponsors may make discretionary contributions to the Plan. For the 2020 Plan year, the Plan Sponsors made a discretionary matching contribution equal to 50% of the first 6% of compensation each eligible participant contributed to the Plan who was employed on the last day of the Plan year. Contributions are subject to certain limitations.
  3. Participant Accounts: Individual accounts are maintained for each Plan participant. 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.
  4. Vesting: Participants are immediately vested in their accounts.
  5. Investment Options: Upon enrollment in the Plan, participants may direct the investment of their accounts into various investment options offered by the Plan. They may change their investment options among those investments provided at any time during the Plan year.
  6. Notes Receivable from Participants: Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50 percent of their account balance. Generally, the term of the loan may not exceed five years. However, if the loan is for the purchase of a participant's principal residence, the Plan administrator may permit a longer term. 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.
  7. Payment of Benefits: Upon termination of service or attaining normal retirement age, a participant may receive a lump sum amount equal to the value of the participant's vested interest in his or her account. In-service and hardship withdrawals are also allowed as defined in the Plan agreement.

**Marietta Health Care Physicians, Inc. 403(b) Plan**  
**Notes to the Financial Statements (Continued)**  
**December 31, 2020 and 2019**

**Note A - Description of Plan (Continued)**

8. Administrative Expenses: All significant administrative expenses are paid by the Plan.
9. Transfer of Plan Assets: Transfers represent Plan assets received from or disbursed to a separate retirement plan of the Plan Sponsor.

**Note B - Summary of Significant Accounting Policies**

1. Basis of Accounting: The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"). The Accounting Standards Codification ("ASC") as produced by the Financial Accounting Standards Board ("FASB") is the sole source of authoritative U.S. GAAP.
2. Use of Estimates: The preparation of financial statements in accordance with U.S. GAAP 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.
3. 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 D 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 Plan year.

4. 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, 2020 and 2019. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.
5. Payment of Benefits: Benefit payments are recorded when paid.
6. Investment Management Fees and Operating Expenses: Investment management fees and operating expenses charged to the Plan for investments in the various funds are deducted from income earned on a daily basis and are reflected as a component of net appreciation in fair values of investments.
7. New Accounting Pronouncement: In August 2018, the FASB issued Accounting Standards Update ("ASU") 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework-Changes to the Disclosure Requirements for Fair Value Measurement*, which modifies the disclosure requirements for fair value measurements by removing, modifying, or adding certain disclosures. ASU 2018-13 is effective for all entities for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. The Plan has adopted ASU 2018-13 for the 2020 Plan year with no impact on the Plan's net assets or changes in net assets.
8. Subsequent Events: The Plan has evaluated subsequent events through the date of the Independent Auditor's Report, which represents the date the financial statements were available to be issued.

**Marietta Health Care Physicians, Inc. 403(b) Plan**  
**Notes to the Financial Statements (Continued)**  
**December 31, 2020 and 2019**

**Note C - 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., including its subsidiary Nationwide Trust Company, FSB, a division of Nationwide bank ("Nationwide"), the custodian of the Plan, has certified to the completeness and accuracy of all investment information reflected on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2020 and 2019, the Schedule of Assets (Held at End of Year) at December 31, 2020, and the related investment income information reflected in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020. The custodian did not certify notes receivable from participants and related activity.

**Note D - 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The 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, 2020 and 2019.

*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 ("NAV") 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 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.

**Marietta Health Care Physicians, Inc. 403(b) Plan**  
**Notes to the Financial Statements (Continued)**  
**December 31, 2020 and 2019**

**Note D - Fair Value Measurements (Continued)**

*Investment contract:* 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, including credit worthiness of the issuer, Nationwide Life Insurance Company and the terms of the investment contract 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). Significant fluctuations in any of the inputs in isolation could result in a significantly different fair value measurement.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis at December 31, 2020:

|                            | Level 1              | Level 2             | Level 3             | Total                |
|----------------------------|----------------------|---------------------|---------------------|----------------------|
| Money market               | \$ -                 | \$ 1,175,157        | \$ -                | \$ 1,175,157         |
| Investment contract        | -                    | -                   | 1,408,946           | 1,408,946            |
| Mutual funds               | 46,034,841           | -                   | -                   | 46,034,841           |
|                            | <u>46,034,841</u>    | <u>-</u>            | <u>-</u>            | <u>46,034,841</u>    |
| Investments, at fair value | <u>\$ 46,034,841</u> | <u>\$ 1,175,157</u> | <u>\$ 1,408,946</u> | <u>\$ 48,618,944</u> |

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis at December 31, 2019:

|                            | Level 1              | Level 2             | Level 3             | Total                |
|----------------------------|----------------------|---------------------|---------------------|----------------------|
| Money market               | \$ -                 | \$ 1,251,567        | \$ -                | \$ 1,251,567         |
| Investment contract        | -                    | -                   | 1,265,161           | 1,265,161            |
| Mutual funds               | 38,054,499           | -                   | -                   | 38,054,499           |
|                            | <u>38,054,499</u>    | <u>-</u>            | <u>-</u>            | <u>38,054,499</u>    |
| Investments, at fair value | <u>\$ 38,054,499</u> | <u>\$ 1,251,567</u> | <u>\$ 1,265,161</u> | <u>\$ 40,571,227</u> |

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 2020 and 2019.

Purchases of Level 3 assets during the Plan year ended December 31, 2020 were \$150,875. There were no issuances, transfers in or transfers out of Level 3 assets during the Plan year ended December 31, 2020.

**Marietta Health Care Physicians, Inc. 403(b) Plan**  
**Notes to the Financial Statements (Continued)**  
**December 31, 2020 and 2019**

**Note E - Insurance Contracts**

The Plan has entered into an investment contract with Nationwide, 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 Nationwide. The contract is not considered to be benefit responsive as the contract restricts participant-directed exchanges. The contract's average yield was 1.93% and 2.00% for 2020 and 2019, respectively, and the crediting interest rate as of December 31, 2020 and 2019 was 1.93% and 2.00%, respectively. Crediting interest rates are determined daily by dividing earned income for the day by the new contract value.

**Note F - Related Party Transactions**

Certain administrative services are provided by the Company at no cost to the Plan and certain administrative costs incurred by the Plan are paid by the Company.

The Plan invests in mutual funds, money market fund and a guaranteed investment contracts managed by Nationwide. Nationwide is the custodian of the Plan and, therefore, these transactions qualify as party-in-interest.

**Note G - 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.

**Note H - Tax Status**

The Internal Revenue Service ("IRS") ruled on March 31, 2017 that the Volume Submitter Plan Document (the volume submitter of FIS Business Systems LLC, upon which the Plan is based), as then designed, was in compliance with the applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan is qualified and the related trust is tax exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Note I - Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities, in general, 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 financial statements.

**Marietta Health Care Physicians, Inc. 403(b) Plan**  
**Notes to the Financial Statements (Continued)**  
**December 31, 2020 and 2019**

**Note J - Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2020 and 2019:

|                                                                                    | <u>2020</u>                 | <u>2019</u>                 |
|------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| Net assets available for benefits per the financial statements                     | \$ 50,162,180               | \$ 41,712,269               |
| Adjustment from fair value to contract value for<br>guaranteed investment contract | <u>(74,097)</u>             | <u>(20,267)</u>             |
| Net assets available for benefits per the Form 5500                                | <u><u>\$ 50,088,083</u></u> | <u><u>\$ 41,692,002</u></u> |

The following is a reconciliation of net increase per the financial statements to net income per the Form 5500 for the Plan year ended December 31, 2020:

|                                                                                              |                            |
|----------------------------------------------------------------------------------------------|----------------------------|
| Net increase before transfers per the financial statements                                   | \$ 8,416,000               |
| Change in adjustment from fair value to contract value for<br>guaranteed investment contract | <u>(53,830)</u>            |
| Net income per the Form 5500                                                                 | <u><u>\$ 8,362,170</u></u> |

## **Supplemental Schedule**

**Marietta Health Care Physicians, Inc. 403(b) Plan**  
**Schedule of Assets (Held at End of Year)**  
**Plan Sponsor EIN: 31-1375125 Plan Number: 005**  
**December 31, 2020**

| (a)          | (b) Identity of issue, borrower,<br>lessor or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | (d) Cost | (e)<br>Current<br>value |
|--------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------|-------------------------|
| *            | Nationwide Fixed Account                                    | Guaranteed investment contract                                                                                    | ***      | \$ 1,334,849            |
| *            | Nationwide Money Market Fund Inst.                          | Money market fund                                                                                                 | **       | 1,175,157               |
| Mutual funds |                                                             |                                                                                                                   |          |                         |
|              | AmBen Large Cap Value Fund                                  | Registered investment company                                                                                     | **       | 63,171                  |
|              | AmCen Equity Income Fund                                    | Registered investment company                                                                                     | **       | 66,735                  |
|              | AmCen Mid Cap Value Fund                                    | Registered investment company                                                                                     | **       | 90,508                  |
|              | AmFnds AMCAP Fund                                           | Registered investment company                                                                                     | **       | 51,968                  |
|              | AmFnds Cap. World Growth & Income Fund Class R-3            | Registered investment company                                                                                     | **       | 103,797                 |
|              | AmFnds Cap. World Growth & Income Fund Class R-6            | Registered investment company                                                                                     | **       | 59,631                  |
|              | AmFnds EuroPacific Growth Fund                              | Registered investment company                                                                                     | **       | 71,137                  |
|              | AmFnds Fundamental Investors                                | Registered investment company                                                                                     | **       | 46,599                  |
|              | AmFnds Global Balanced Fund Class                           | Registered investment company                                                                                     | **       | 53,656                  |
|              | AmFnds New Economy Fund                                     | Registered investment company                                                                                     | **       | 26,982                  |
|              | AmFnds New Perspective Fund                                 | Registered investment company                                                                                     | **       | 60,336                  |
|              | AmFnds New World Fund Class R-6                             | Registered investment company                                                                                     | **       | 21,085                  |
|              | AmFnds SmallCap World Fund                                  | Registered investment company                                                                                     | **       | 43,742                  |
|              | AmFnds The Bond Fund of America                             | Registered investment company                                                                                     | **       | 33,120                  |
|              | AmFnds The Growth Fund of America                           | Registered investment company                                                                                     | **       | 85,278                  |
|              | AMG Managers Fairpointe Mid Cap Fund                        | Registered investment company                                                                                     | **       | 53,594                  |
|              | Baron Partners Fund                                         | Registered investment company                                                                                     | **       | 199,724                 |
|              | BlackRock Global Allocation Fund, Inc.                      | Registered investment company                                                                                     | **       | 41,169                  |
|              | BlackRock Health Sciences Opportunities Port                | Registered investment company                                                                                     | **       | 53,683                  |
|              | BlackRock High Yield Bond Portfolio                         | Registered investment company                                                                                     | **       | 63,060                  |
|              | Davis New York Venture Fund                                 | Registered investment company                                                                                     | **       | 57,685                  |
|              | DFA Emerging Markets Core Equity Portfolio                  | Registered investment company                                                                                     | **       | 40,629                  |
|              | DFA Short-Term Government Portfolio                         | Registered investment company                                                                                     | **       | 21,918                  |
|              | DFA U.S. Core Equity II Portfolio                           | Registered investment company                                                                                     | **       | 24,826                  |
|              | DFA U.S. Small Cap Portfolio                                | Registered investment company                                                                                     | **       | 46,978                  |
|              | Diamond Hill Small Cap Fund                                 | Registered investment company                                                                                     | **       | 35,110                  |
|              | DWS CROCI U.S. Fund                                         | Registered investment company                                                                                     | **       | 65,672                  |
|              | DWS Enhanced Commodity Strategy Fund                        | Registered investment company                                                                                     | **       | 27,628                  |

See accompanying independent auditor's report.

**Marietta Health Care Physicians, Inc. 403(b) Plan**  
**Schedule of Assets (Held at End of Year) (Continued)**  
**Plan Sponsor EIN: 31-1375125 Plan Number: 005**  
**December 31, 2020**

| (a) | (b) Identity of issue, borrower,<br>lessor or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | (d) Cost | (e)<br>Current<br>value |
|-----|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------|-------------------------|
|     | Mutual funds (Continued)                                    |                                                                                                                   |          |                         |
|     | DWS High Income Fund                                        | Registered investment company                                                                                     | **       | \$ 47,297               |
|     | Eaton Vance Dividend Builder Fund                           | Registered investment company                                                                                     | **       | 10,375                  |
|     | Federated Kaufmann Small Cap Fund Class A                   | Registered investment company                                                                                     | **       | 78,322                  |
|     | Fidelity Advisor Freedom 2035 Fund                          | Registered investment company                                                                                     | **       | 38,121                  |
|     | Fidelity Advisor Freedom 2040 Fund                          | Registered investment company                                                                                     | **       | 2,140                   |
|     | Fidelity Advisor Freedom 2055 Fund                          | Registered investment company                                                                                     | **       | 10,674                  |
|     | Fidelity Advisor Strategic Income Fund                      | Registered investment company                                                                                     | **       | 26,136                  |
|     | Fidelity 500 Index Fund                                     | Registered investment company                                                                                     | **       | 55,351                  |
|     | Fidelity International Index Fund                           | Registered investment company                                                                                     | **       | 20,788                  |
|     | Fidelity Mid Cap Index Fund                                 | Registered investment company                                                                                     | **       | 17,030                  |
|     | Fidelity Small Cap Index Fund                               | Registered investment company                                                                                     | **       | 15,610                  |
|     | Fidelity Total Market Index Fund                            | Registered investment company                                                                                     | **       | 51,006                  |
|     | Fidelity U.S. Bond Index Fund                               | Registered investment company                                                                                     | **       | 21,933                  |
|     | FPA Crescent Fund                                           | Registered investment company                                                                                     | **       | 216,799                 |
|     | Gabelli Gold Fund Class I                                   | Registered investment company                                                                                     | **       | 19,849                  |
|     | Harbor International Fund Institutional Class               | Registered investment company                                                                                     | **       | 8,539                   |
|     | Heartland Value Plus Fund Investor Class                    | Registered investment company                                                                                     | **       | 27,035                  |
|     | Invesco Balanced-Risk Allocation Fund                       | Registered investment company                                                                                     | **       | 1,028                   |
|     | Invesco Developing Markets Fund                             | Registered investment company                                                                                     | **       | 80,704                  |
|     | Invesco Dividend Income Fund                                | Registered investment company                                                                                     | **       | 4,223                   |
|     | Invesco Energy Fund Investor Class                          | Registered investment company                                                                                     | **       | 6,588                   |
|     | Invesco Gold and Special Minerals Fund                      | Registered investment company                                                                                     | **       | 18,284                  |
|     | Invesco Oppenheimer Developing Markets Fund                 | Registered investment company                                                                                     | **       | 36,026                  |
|     | Ivy Science and Technology Fund                             | Registered investment company                                                                                     | **       | 211,692                 |
|     | Janus Henderson Balanced Fund                               | Registered investment company                                                                                     | **       | 46,368                  |
|     | JPMorgan Core Plus Bond                                     | Registered investment company                                                                                     | **       | 33,128                  |
|     | JPMorgan Small Cap Equity Fund                              | Registered investment company                                                                                     | **       | 37,849                  |
|     | JPMorgan Small Cap Growth Fund                              | Registered investment company                                                                                     | **       | 32,656                  |
|     | JPMorgan Small Cap Value Fund                               | Registered investment company                                                                                     | **       | 7,271                   |
|     | Loomis Sayles Bond Fund                                     | Registered investment company                                                                                     | **       | 2,258                   |
|     | Lord Abbett Bond-Debtenture Fund                            | Registered investment company                                                                                     | **       | 20,697                  |
|     | Lord Abbett Developing Growth Fund                          | Registered investment company                                                                                     | **       | 22,094                  |
|     | M&N Pro-Blend Moderate Term Series                          | Registered investment company                                                                                     | **       | 5,824                   |
|     | Metropolitan West Total Return Bond Fund                    | Registered investment company                                                                                     | **       | 198,208                 |
|     | M FS Utilities Fund Class                                   | Registered investment company                                                                                     | **       | 124,174                 |
| *   | Nationwide Bond Index Fund                                  | Registered investment company                                                                                     | **       | 1,007,871               |
| *   | Nationwide Destination 2025 Fund                            | Registered investment company                                                                                     | **       | 1,091,594               |
| *   | Nationwide Destination 2030 Fund                            | Registered investment company                                                                                     | **       | 464,984                 |
| *   | Nationwide Destination 2035 Fund                            | Registered investment company                                                                                     | **       | 1,377,461               |
| *   | Nationwide Destination 2040 Fund                            | Registered investment company                                                                                     | **       | 684,805                 |
| *   | Nationwide Destination 2045 Fund                            | Registered investment company                                                                                     | **       | 1,623,205               |
| *   | Nationwide Destination 2050 Fund                            | Registered investment company                                                                                     | **       | 1,534,921               |
| *   | Nationwide Destination 2055 Fund                            | Registered investment company                                                                                     | **       | 1,144,569               |
| *   | Nationwide Destination 2060 Fund Class R6                   | Registered investment company                                                                                     | **       | 121,901                 |

See accompanying independent auditor's report.

**Marietta Health Care Physicians, Inc. 403(b) Plan**  
**Schedule of Assets (Held at End of Year) (Continued)**  
**Plan Sponsor EIN: 31-1375125 Plan Number: 005**  
**December 31, 2020**

| (a) | (b) Identity of issue, borrower,<br>lessor or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | (d) Cost | (e)<br>Current<br>value |
|-----|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------|-------------------------|
|     | Mutual funds (Continued)                                    |                                                                                                                   |          |                         |
| *   | Nationwide Destination Ret Fund                             | Registered investment company                                                                                     | **       | \$ 438,500              |
| *   | Nationwide International Index Fund                         | Registered investment company                                                                                     | **       | 2,818,647               |
| *   | Nationwide Investor Dest Aggressive Fund                    | Registered investment company                                                                                     | **       | 571,978                 |
| *   | Nationwide Investor Dest Mod Con Fund                       | Registered investment company                                                                                     | **       | 1,496,716               |
| *   | Nationwide Investor Dest Moderate Fund                      | Registered investment company                                                                                     | **       | 1,092,123               |
| *   | Nationwide Mid Cap Market Index Fund                        | Registered investment company                                                                                     | **       | 500,297                 |
| *   | Nationwide S&P 500 Index                                    | Registered investment company                                                                                     | **       | 5,067,027               |
| *   | Nationwide Small Cap Index Fund                             | Registered investment company                                                                                     | **       | 1,104,524               |
|     | Permanent Portfolio Class I                                 | Registered investment company                                                                                     | **       | 21,060                  |
|     | PIMCO All Asset All Authority Fund                          | Registered investment company                                                                                     | **       | 14,894                  |
|     | PIMCO Commodity Real Return Strategy Fund                   | Registered investment company                                                                                     | **       | 8,259                   |
|     | PIMCO Global Multi-Asset Fund                               | Registered investment company                                                                                     | **       | 2,536                   |
|     | PIMCO Income Fund Class A                                   | Registered investment company                                                                                     | **       | 11,147                  |
|     | PIMCO Income Fund Institutional Class                       | Registered investment company                                                                                     | **       | 41,484                  |
|     | PIMCO Low Duration Fund Institutional Class                 | Registered investment company                                                                                     | **       | 87,931                  |
|     | PIMCO Total Return Fund Class A                             | Registered investment company                                                                                     | **       | 40,278                  |
|     | PIMCO Total Return Fund Institutional Class                 | Registered investment company                                                                                     | **       | 163,829                 |
|     | PrimeCap Odyssey Growth Fund                                | Registered investment company                                                                                     | **       | 41,719                  |
|     | Principal MidCap Fund Institutional Class                   | Registered investment company                                                                                     | **       | 38,109                  |
|     | Putnam Diversified Income Trust                             | Registered investment company                                                                                     | **       | 8,420                   |
|     | Putnam Focused Equity Fund                                  | Registered investment company                                                                                     | **       | 16,316                  |
|     | Royce Premier Fund Service Class                            | Registered investment company                                                                                     | **       | 14,692                  |
|     | Royce Special Equity Fund Investment Class                  | Registered investment company                                                                                     | **       | 17,896                  |
|     | Rydex Biotechnology Fund                                    | Registered investment company                                                                                     | **       | 29,125                  |
|     | T. Rowe Price Capital Appreciation Fund                     | Registered investment company                                                                                     | **       | 401,136                 |
|     | T. Rowe Price Dividend Growth Fund                          | Registered investment company                                                                                     | **       | 41,995                  |
|     | T. Rowe Price Dividend Growth Fund I Class                  | Registered investment company                                                                                     | **       | 26,110                  |
|     | T. Rowe Price Health Sciences Fund                          | Registered investment company                                                                                     | **       | 28,363                  |
|     | T. Rowe Price Small-Cap Value Fund                          | Registered investment company                                                                                     | **       | 46,161                  |
|     | TIAA-CREF Large-Cap Growth Index Fund                       | Registered investment company                                                                                     | **       | 56,398                  |
|     | VanEck Global Hard Assets Fund                              | Registered investment company                                                                                     | **       | 1,529                   |

See accompanying independent auditor's report.

**Marietta Health Care Physicians, Inc. 403(b) Plan**  
**Schedule of Assets (Held at End of Year) (Continued)**  
**Plan Sponsor EIN: 31-1375125 Plan Number: 005**  
**December 31, 2020**

| (a)                      | (b) Identity of issue, borrower,<br>lessor or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | (d) Cost | (e)<br>Current<br>value |
|--------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------|-------------------------|
| Mutual funds (Continued) |                                                             |                                                                                                                   |          |                         |
|                          | Vngrd 500 Index Fund                                        | Registered investment company                                                                                     | **       | \$ 188,703              |
|                          | Vngrd Balanced Index Admiral                                | Registered investment company                                                                                     | **       | 51,027                  |
|                          | Vngrd Consumer Staples Index Fund Class Admiral             | Registered investment company                                                                                     | **       | 13,981                  |
|                          | Vngrd Developed Markets Index Fund                          | Registered investment company                                                                                     | **       | 23,396                  |
|                          | Vngrd Dividend Appreciation Index Fund Admiral              | Registered investment company                                                                                     | **       | 38,203                  |
|                          | Vngrd Dividend Growth Fund                                  | Registered investment company                                                                                     | **       | 427,511                 |
|                          | Vngrd Emerging Markets Stock Index Fund                     | Registered investment company                                                                                     | **       | 517,366                 |
|                          | Vngrd Energy Fund Admiral Shares                            | Registered investment company                                                                                     | **       | 59,371                  |
|                          | Vngrd Energy Fund Investor Shares                           | Registered investment company                                                                                     | **       | 1,117                   |
|                          | Vngrd Equity-Income Fund Admiral Shares                     | Registered investment company                                                                                     | **       | 12,292                  |
|                          | Vngrd Equity-Income Fund Investor Shares                    | Registered investment company                                                                                     | **       | 91,813                  |
|                          | Vngrd Explorer Fund Admiral                                 | Registered investment company                                                                                     | **       | 3,694                   |
|                          | Vngrd Extended Market Index Fund Admiral                    | Registered investment company                                                                                     | **       | 2,221                   |
|                          | Vngrd Growth Index Fund                                     | Registered investment company                                                                                     | **       | 5,229,113               |
|                          | Vngrd Health Care Fund Admiral Shares                       | Registered investment company                                                                                     | **       | 111,325                 |
|                          | Vngrd Health Care Fund Investor Shares                      | Registered investment company                                                                                     | **       | 33,587                  |
|                          | Vngrd High-Yield Corporate Fund                             | Registered investment company                                                                                     | **       | 1,005,451               |
|                          | Vngrd Inflation-Protection Securities Fund                  | Registered investment company                                                                                     | **       | 328,858                 |
|                          | Vngrd International Explorer Fund                           | Registered investment company                                                                                     | **       | 350,107                 |
|                          | Vngrd International Value Fund                              | Registered investment company                                                                                     | **       | 1,141                   |
|                          | Vngrd International Growth Fund Adm. Shares                 | Registered investment company                                                                                     | **       | 28,112                  |
|                          | Vngrd Long-Term Investment-Grade Fund                       | Registered investment company                                                                                     | **       | 33,840                  |
|                          | Vngrd Long-Term Treasury Fund Adm. Shares                   | Registered investment company                                                                                     | **       | 41,353                  |
|                          | Vngrd Mid-Cap Growth Index Fund Adm. Shares                 | Registered investment company                                                                                     | **       | 1,613,836               |
|                          | Vngrd Mid-Cap Index Fund                                    | Registered investment company                                                                                     | **       | 52,703                  |
|                          | Vngrd Mid-Cap Value Index Fund                              | Registered investment company                                                                                     | **       | 1,684,358               |
|                          | Vngrd Real Estate Index Fund Admiral Shares                 | Registered investment company                                                                                     | **       | 550,971                 |
|                          | Vngrd Selected Value Fund Investor Shares                   | Registered investment company                                                                                     | **       | 85,202                  |
|                          | Vngrd Short-Term Bond Index Adml Fund                       | Registered investment company                                                                                     | **       | 39,012                  |
|                          | Vngrd Short-Term Federal Fund                               | Registered investment company                                                                                     | **       | 22,739                  |
|                          | Vngrd Small Cap Index Fund                                  | Registered investment company                                                                                     | **       | 94,235                  |
|                          | Vngrd Small Cap Value Index Fund                            | Registered investment company                                                                                     | **       | 1,165,652               |
|                          | Vngrd Small-Cap Growth Index Fund Adm.                      | Registered investment company                                                                                     | **       | 1,394,008               |
|                          | Vngrd Star Fund Investor Shares                             | Registered investment company                                                                                     | **       | 24,803                  |
|                          | Vngrd Strategic Small-Cap Equity Fund                       | Registered investment company                                                                                     | **       | 23,369                  |
|                          | Vngrd Total Bond Market Index Fund                          | Registered investment company                                                                                     | **       | 394,484                 |
|                          | Vngrd Total International Bond Index                        | Registered investment company                                                                                     | **       | 1,485,563               |
|                          | Vngrd Total International Stock Index Fund                  | Registered investment company                                                                                     | **       | 6,336                   |
|                          | Vngrd Total Stock Market Index Fund                         | Registered investment company                                                                                     | **       | 391,203                 |

See accompanying independent auditor's report.

**Marietta Health Care Physicians, Inc. 403(b) Plan**  
**Schedule of Assets (Held at End of Year) (Continued)**  
**Plan Sponsor EIN: 31-1375125 Plan Number: 005**  
**December 31, 2020**

| (a)                      | (b) Identity of issue, borrower,<br>lessor or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | (d) Cost | (e)<br>Current<br>value   |
|--------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------|---------------------------|
| Mutual funds (Continued) |                                                             |                                                                                                                   |          |                           |
|                          | Vngrd Value Index Fund                                      | Registered investment company                                                                                     | **       | \$ 1,680,953              |
|                          | Vngrd Wellesley Income Fund Admiral Shares                  | Registered investment company                                                                                     | **       | 125,809                   |
|                          | Victory Global Natural Resources Fund                       | Registered investment company                                                                                     | **       | 738                       |
|                          | Victory Sycamore Small Company Oppr Fund                    | Registered investment company                                                                                     | **       | 35,131                    |
|                          | Virtus Duff & Phelps Real Estate Securities Fund            | Registered investment company                                                                                     | **       | 43,650                    |
|                          | Wells Fargo Emerging Markets Equity Fund                    | Registered investment company                                                                                     | **       | 40,807                    |
|                          | Wells Fargo Precious Metals Fund                            | Registered investment company                                                                                     | **       | 19,689                    |
|                          |                                                             |                                                                                                                   |          | <hr/> 46,034,841          |
| *                        | Notes receivable<br>from participants                       | Loans to participants, various maturities,<br>interest rates ranging 4.25% to 6.50%                               |          | <hr/> 397,825             |
|                          |                                                             |                                                                                                                   |          | <hr/> <hr/> \$ 48,942,672 |

\* denotes party-in-interest

\*\*Cost information (column (d)) not required due to Plan being participant directed.

\*\*\*Guaranteed investment contract reported at cost.

See accompanying independent auditor's report.

**Marietta Health Care Physicians, Inc. 403(b) Plan**  
**Schedule of Assets (Held at End of Year)**  
**Plan Sponsor EIN: 31-1375125 Plan Number: 005**  
**December 31, 2020**

| (a)          | (b) Identity of issue, borrower,<br>lessor or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | (d) Cost | (e)<br>Current<br>value |
|--------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------|-------------------------|
| *            | Nationwide Fixed Account                                    | Guaranteed investment contract                                                                                    | ***      | \$ 1,334,849            |
| *            | Nationwide Money Market Fund Inst.                          | Money market fund                                                                                                 | **       | 1,175,157               |
| Mutual funds |                                                             |                                                                                                                   |          |                         |
|              | AmBcn Large Cap Value Fund                                  | Registered investment company                                                                                     | **       | 63,171                  |
|              | AmCen Equity Income Fund                                    | Registered investment company                                                                                     | **       | 66,735                  |
|              | AmCen Mid Cap Value Fund                                    | Registered investment company                                                                                     | **       | 90,508                  |
|              | AmFnds AMCAP Fund                                           | Registered investment company                                                                                     | **       | 51,968                  |
|              | AmFnds Cap. World Growth & Income Fund Class R-3            | Registered investment company                                                                                     | **       | 103,797                 |
|              | AmFnds Cap. World Growth & Income Fund Class R-6            | Registered investment company                                                                                     | **       | 59,631                  |
|              | AmFnds EuroPacific Growth Fund                              | Registered investment company                                                                                     | **       | 71,137                  |
|              | AmFnds Fundamental Investors                                | Registered investment company                                                                                     | **       | 46,599                  |
|              | AmFnds Global Balanced Fund Class                           | Registered investment company                                                                                     | **       | 53,656                  |
|              | AmFnds New Economy Fund                                     | Registered investment company                                                                                     | **       | 26,982                  |
|              | AmFnds New Perspective Fund                                 | Registered investment company                                                                                     | **       | 60,336                  |
|              | AmFnds New World Fund Class R-6                             | Registered investment company                                                                                     | **       | 21,085                  |
|              | AmFnds SmallCap World Fund                                  | Registered investment company                                                                                     | **       | 43,742                  |
|              | AmFnds The Bond Fund of America                             | Registered investment company                                                                                     | **       | 33,120                  |
|              | AmFnds The Growth Fund of America                           | Registered investment company                                                                                     | **       | 85,278                  |
|              | AMG Managers Fairpointe Mid Cap Fund                        | Registered investment company                                                                                     | **       | 53,594                  |
|              | Baron Partners Fund                                         | Registered investment company                                                                                     | **       | 199,724                 |
|              | BlackRock Global Allocation Fund, Inc.                      | Registered investment company                                                                                     | **       | 41,169                  |
|              | BlackRock Health Sciences Opportunities Port                | Registered investment company                                                                                     | **       | 53,683                  |
|              | BlackRock High Yield Bond Portfolio                         | Registered investment company                                                                                     | **       | 63,060                  |
|              | Davis New York Venture Fund                                 | Registered investment company                                                                                     | **       | 57,685                  |
|              | DFA Emerging Markets Core Equity Portfolio                  | Registered investment company                                                                                     | **       | 40,629                  |
|              | DFA Short-Term Government Portfolio                         | Registered investment company                                                                                     | **       | 21,918                  |
|              | DFA U.S. Core Equity II Portfolio                           | Registered investment company                                                                                     | **       | 24,826                  |
|              | DFA U.S. Small Cap Portfolio                                | Registered investment company                                                                                     | **       | 46,978                  |
|              | Diamond Hill Small Cap Fund                                 | Registered investment company                                                                                     | **       | 35,110                  |
|              | DWS CROCI U.S. Fund                                         | Registered investment company                                                                                     | **       | 65,672                  |
|              | DWS Enhanced Commodity Strategy Fund                        | Registered investment company                                                                                     | **       | 27,628                  |

See accompanying independent auditor's report.

**Marietta Health Care Physicians, Inc. 403(b) Plan**  
**Schedule of Assets (Held at End of Year) (Continued)**  
**Plan Sponsor EIN: 31-1375125 Plan Number: 005**  
**December 31, 2020**

| (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                                                                               | **       | \$ 47,297         |
|     | Eaton Vance Dividend Builder Fund                        | Registered investment company                                                                               | **       | 10,375            |
|     | Federated Kaufmann Small Cap Fund Class A                | Registered investment company                                                                               | **       | 78,322            |
|     | Fidelity Advisor Freedom 2035 Fund                       | Registered investment company                                                                               | **       | 38,121            |
|     | Fidelity Advisor Freedom 2040 Fund                       | Registered investment company                                                                               | **       | 2,140             |
|     | Fidelity Advisor Freedom 2055 Fund                       | Registered investment company                                                                               | **       | 10,674            |
|     | Fidelity Advisor Strategic Income Fund                   | Registered investment company                                                                               | **       | 26,136            |
|     | Fidelity 500 Index Fund                                  | Registered investment company                                                                               | **       | 55,351            |
|     | Fidelity International Index Fund                        | Registered investment company                                                                               | **       | 20,788            |
|     | Fidelity Mid Cap Index Fund                              | Registered investment company                                                                               | **       | 17,030            |
|     | Fidelity Small Cap Index Fund                            | Registered investment company                                                                               | **       | 15,610            |
|     | Fidelity Total Market Index Fund                         | Registered investment company                                                                               | **       | 51,006            |
|     | Fidelity U.S. Bond Index Fund                            | Registered investment company                                                                               | **       | 21,933            |
|     | FPA Crescent Fund                                        | Registered investment company                                                                               | **       | 216,799           |
|     | Gabelli Gold Fund Class I                                | Registered investment company                                                                               | **       | 19,849            |
|     | Harbor International Fund Institutional Class            | Registered investment company                                                                               | **       | 8,539             |
|     | Heartland Value Plus Fund Investor Class                 | Registered investment company                                                                               | **       | 27,035            |
|     | Invesco Balanced-Risk Allocation Fund                    | Registered investment company                                                                               | **       | 1,028             |
|     | Invesco Developing Markets Fund                          | Registered investment company                                                                               | **       | 80,704            |
|     | Invesco Dividend Income Fund                             | Registered investment company                                                                               | **       | 4,223             |
|     | Invesco Energy Fund Investor Class                       | Registered investment company                                                                               | **       | 6,588             |
|     | Invesco Gold and Special Minerals Fund                   | Registered investment company                                                                               | **       | 18,284            |
|     | Invesco Oppenheimer Developing Markets Fund              | Registered investment company                                                                               | **       | 36,026            |
|     | Ivy Science and Technology Fund                          | Registered investment company                                                                               | **       | 211,692           |
|     | Janus Henderson Balanced Fund                            | Registered investment company                                                                               | **       | 46,368            |
|     | JPMorgan Core Plus Bond                                  | Registered investment company                                                                               | **       | 33,128            |
|     | JPMorgan Small Cap Equity Fund                           | Registered investment company                                                                               | **       | 37,849            |
|     | JPMorgan Small Cap Growth Fund                           | Registered investment company                                                                               | **       | 32,656            |
|     | JPMorgan Small Cap Value Fund                            | Registered investment company                                                                               | **       | 7,271             |
|     | Loomis Sayles Bond Fund                                  | Registered investment company                                                                               | **       | 2,258             |
|     | Lord Abbett Bond-Debenture Fund                          | Registered investment company                                                                               | **       | 20,697            |
|     | Lord Abbett Developing Growth Fund                       | Registered investment company                                                                               | **       | 22,094            |
|     | M&N Pro-Blend Moderate Term Series                       | Registered investment company                                                                               | **       | 5,824             |
|     | Metropolitan West Total Return Bond Fund                 | Registered investment company                                                                               | **       | 198,208           |
|     | MFS Utilities Fund Class                                 | Registered investment company                                                                               | **       | 124,174           |
| *   | Nationwide Bond Index Fund                               | Registered investment company                                                                               | **       | 1,007,871         |
| *   | Nationwide Destination 2025 Fund                         | Registered investment company                                                                               | **       | 1,091,594         |
| *   | Nationwide Destination 2030 Fund                         | Registered investment company                                                                               | **       | 464,984           |
| *   | Nationwide Destination 2035 Fund                         | Registered investment company                                                                               | **       | 1,377,461         |
| *   | Nationwide Destination 2040 Fund                         | Registered investment company                                                                               | **       | 684,805           |
| *   | Nationwide Destination 2045 Fund                         | Registered investment company                                                                               | **       | 1,623,205         |
| *   | Nationwide Destination 2050 Fund                         | Registered investment company                                                                               | **       | 1,534,921         |
| *   | Nationwide Destination 2055 Fund                         | Registered investment company                                                                               | **       | 1,144,569         |
| *   | Nationwide Destination 2060 Fund Class R6                | Registered investment company                                                                               | **       | 121,901           |

See accompanying independent auditor's report.

**Marietta Health Care Physicians, Inc. 403(b) Plan**  
**Schedule of Assets (Held at End of Year) (Continued)**  
**Plan Sponsor EIN: 31-1375125 Plan Number: 005**  
**December 31, 2020**

| (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 Ret Fund                          | Registered investment company                                                                               | **       | \$ 438,500        |
| *   | Nationwide International Index Fund                      | Registered investment company                                                                               | **       | 2,818,647         |
| *   | Nationwide Investor Dest Aggressive Fund                 | Registered investment company                                                                               | **       | 571,978           |
| *   | Nationwide Investor Dest Mod Con Fund                    | Registered investment company                                                                               | **       | 1,496,716         |
| *   | Nationwide Investor Dest Moderate Fund                   | Registered investment company                                                                               | **       | 1,092,123         |
| *   | Nationwide Mid Cap Market Index Fund                     | Registered investment company                                                                               | **       | 500,297           |
| *   | Nationwide S&P 500 Index                                 | Registered investment company                                                                               | **       | 5,067,027         |
| *   | Nationwide Small Cap Index Fund                          | Registered investment company                                                                               | **       | 1,104,524         |
|     | Permanent Portfolio Class I                              | Registered investment company                                                                               | **       | 21,060            |
|     | PIMCO All Asset All Authority Fund                       | Registered investment company                                                                               | **       | 14,894            |
|     | PIMCO Commodity Real Return Strategy Fund                | Registered investment company                                                                               | **       | 8,259             |
|     | PIMCO Global Multi-Asset Fund                            | Registered investment company                                                                               | **       | 2,536             |
|     | PIMCO Income Fund Class A                                | Registered investment company                                                                               | **       | 11,147            |
|     | PIMCO Income Fund Institutional Class                    | Registered investment company                                                                               | **       | 41,484            |
|     | PIMCO Low Duration Fund Institutional Class              | Registered investment company                                                                               | **       | 87,931            |
|     | PIMCO Total Return Fund Class A                          | Registered investment company                                                                               | **       | 40,278            |
|     | PIMCO Total Return Fund Institutional Class              | Registered investment company                                                                               | **       | 163,829           |
|     | PrimeCap Odyssey Growth Fund                             | Registered investment company                                                                               | **       | 41,719            |
|     | Principal MidCap Fund Institutional Class                | Registered investment company                                                                               | **       | 38,109            |
|     | Putnam Diversified Income Trust                          | Registered investment company                                                                               | **       | 8,420             |
|     | Putnam Focused Equity Fund                               | Registered investment company                                                                               | **       | 16,316            |
|     | Royce Premier Fund Service Class                         | Registered investment company                                                                               | **       | 14,692            |
|     | Royce Special Equity Fund Investment Class               | Registered investment company                                                                               | **       | 17,896            |
|     | Rydex Biotechnology Fund                                 | Registered investment company                                                                               | **       | 29,125            |
|     | T. Rowe Price Capital Appreciation Fund                  | Registered investment company                                                                               | **       | 401,136           |
|     | T. Rowe Price Dividend Growth Fund                       | Registered investment company                                                                               | **       | 41,995            |
|     | T. Rowe Price Dividend Growth Fund I Class               | Registered investment company                                                                               | **       | 26,110            |
|     | T. Rowe Price Health Sciences Fund                       | Registered investment company                                                                               | **       | 28,363            |
|     | T. Rowe Price Small-Cap Value Fund                       | Registered investment company                                                                               | **       | 46,161            |
|     | TIAA-CREF Large-Cap Growth Index Fund                    | Registered investment company                                                                               | **       | 56,398            |
|     | VanEck Global Hard Assets Fund                           | Registered investment company                                                                               | **       | 1,529             |

See accompanying independent auditor's report.

**Marietta Health Care Physicians, Inc. 403(b) Plan**  
**Schedule of Assets (Held at End of Year) (Continued)**  
**Plan Sponsor EIN: 31-1375125 Plan Number: 005**  
**December 31, 2020**

| (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 500 Index Fund                                     | Registered investment company                                                                               | **       | \$ 188,703        |
|     | Vngrd Balanced Index Admiral                             | Registered investment company                                                                               | **       | 51,027            |
|     | Vngrd Consumer Staples Index Fund Class Admiral          | Registered investment company                                                                               | **       | 13,981            |
|     | Vngrd Developed Markets Index Fund                       | Registered investment company                                                                               | **       | 23,396            |
|     | Vngrd Dividend Appreciation Index Fund Admiral           | Registered investment company                                                                               | **       | 38,203            |
|     | Vngrd Dividend Growth Fund                               | Registered investment company                                                                               | **       | 427,511           |
|     | Vngrd Emerging Markets Stock Index Fund                  | Registered investment company                                                                               | **       | 517,366           |
|     | Vngrd Energy Fund Admiral Shares                         | Registered investment company                                                                               | **       | 59,371            |
|     | Vngrd Energy Fund Investor Shares                        | Registered investment company                                                                               | **       | 1,117             |
|     | Vngrd Equity-Income Fund Admiral Shares                  | Registered investment company                                                                               | **       | 12,292            |
|     | Vngrd Equity-Income Fund Investor Shares                 | Registered investment company                                                                               | **       | 91,813            |
|     | Vngrd Explorer Fund Admiral                              | Registered investment company                                                                               | **       | 3,694             |
|     | Vngrd Extended Market Index Fund Admiral                 | Registered investment company                                                                               | **       | 2,221             |
|     | Vngrd Growth Index Fund                                  | Registered investment company                                                                               | **       | 5,229,113         |
|     | Vngrd Health Care Fund Admiral Shares                    | Registered investment company                                                                               | **       | 111,325           |
|     | Vngrd Health Care Fund Investor Shares                   | Registered investment company                                                                               | **       | 33,587            |
|     | Vngrd High-Yield Corporate Fund                          | Registered investment company                                                                               | **       | 1,005,451         |
|     | Vngrd Inflation-Protection Securities Fund               | Registered investment company                                                                               | **       | 328,858           |
|     | Vngrd International Explorer Fund                        | Registered investment company                                                                               | **       | 350,107           |
|     | Vngrd International Value Fund                           | Registered investment company                                                                               | **       | 1,141             |
|     | Vngrd International Growth Fund Adm. Shares              | Registered investment company                                                                               | **       | 28,112            |
|     | Vngrd Long-Term Investment-Grade Fund                    | Registered investment company                                                                               | **       | 33,840            |
|     | Vngrd Long-Term Treasury Fund Adm. Shares                | Registered investment company                                                                               | **       | 41,353            |
|     | Vngrd Mid-Cap Growth Index Fund Adm. Shares              | Registered investment company                                                                               | **       | 1,613,836         |
|     | Vngrd Mid-Cap Index Fund                                 | Registered investment company                                                                               | **       | 52,703            |
|     | Vngrd Mid-Cap Value Index Fund                           | Registered investment company                                                                               | **       | 1,684,358         |
|     | Vngrd Real Estate Index Fund Admiral Shares              | Registered investment company                                                                               | **       | 550,971           |
|     | Vngrd Selected Value Fund Investor Shares                | Registered investment company                                                                               | **       | 85,202            |
|     | Vngrd Short-Term Bond Index Adml Fund                    | Registered investment company                                                                               | **       | 39,012            |
|     | Vngrd Short-Term Federal Fund                            | Registered investment company                                                                               | **       | 22,739            |
|     | Vngrd Small Cap Index Fund                               | Registered investment company                                                                               | **       | 94,235            |
|     | Vngrd Small Cap Value Index Fund                         | Registered investment company                                                                               | **       | 1,165,652         |
|     | Vngrd Small-Cap Growth Index Fund Adm.                   | Registered investment company                                                                               | **       | 1,394,008         |
|     | Vngrd Star Fund Investor Shares                          | Registered investment company                                                                               | **       | 24,803            |
|     | Vngrd Strategic Small-Cap Equity Fund                    | Registered investment company                                                                               | **       | 23,369            |
|     | Vngrd Total Bond Market Index Fund                       | Registered investment company                                                                               | **       | 394,484           |
|     | Vngrd Total International Bond Index                     | Registered investment company                                                                               | **       | 1,485,563         |
|     | Vngrd Total International Stock Index Fund               | Registered investment company                                                                               | **       | 6,336             |
|     | Vngrd Total Stock Market Index Fund                      | Registered investment company                                                                               | **       | 391,203           |

See accompanying independent auditor's report.

**Marietta Health Care Physicians, Inc. 403(b) Plan**  
**Schedule of Assets (Held at End of Year) (Continued)**  
**Plan Sponsor EIN: 31-1375125 Plan Number: 005**  
**December 31, 2020**

| (a)                      | (b) Identity of issue, borrower,<br>lessor or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | (d) Cost | (e)<br>Current<br>value |
|--------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------|-------------------------|
| Mutual funds (Continued) |                                                             |                                                                                                                   |          |                         |
|                          | Vngrd Value Index Fund                                      | Registered investment company                                                                                     | **       | \$ 1,680,953            |
|                          | Vngrd Wellesley Income Fund Admiral Shares                  | Registered investment company                                                                                     | **       | 125,809                 |
|                          | Victory Global Natural Resources Fund                       | Registered investment company                                                                                     | **       | 738                     |
|                          | Victory Sycamore Small Company Oppr Fund                    | Registered investment company                                                                                     | **       | 35,131                  |
|                          | Virtus Duff & Phelps Real Estate Securities Fund            | Registered investment company                                                                                     | **       | 43,650                  |
|                          | Wells Fargo Emerging Markets Equity Fund                    | Registered investment company                                                                                     | **       | 40,807                  |
|                          | Wells Fargo Precious Metals Fund                            | Registered investment company                                                                                     | **       | 19,689                  |
|                          |                                                             |                                                                                                                   |          | <hr/>                   |
|                          |                                                             |                                                                                                                   |          | 46,034,841              |
|                          |                                                             |                                                                                                                   |          |                         |
| *                        | Notes receivable<br>from participants                       | Loans to participants, various maturities,<br>interest rates ranging 4.25% to 6.50%                               |          | <hr/>                   |
|                          |                                                             |                                                                                                                   |          | 397,825                 |
|                          |                                                             |                                                                                                                   |          | <hr/>                   |
|                          |                                                             |                                                                                                                   |          | \$ 48,942,672           |
|                          |                                                             |                                                                                                                   |          | <hr/>                   |

\* denotes party-in-interest

\*\*Cost information (column (d)) not required due to Plan being participant directed.

\*\*\*Guaranteed investment contract reported at cost.

See accompanying independent auditor's report.