

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110  
1210-0089

**2022**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

- A** This return/report is for:
  - a multiemployer plan
  - a single-employer plan
  - a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
  - a DFE (specify) \_\_\_\_\_
- B** This return/report is:
  - the first return/report
  - an amended return/report
  - the final return/report
  - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. . . . . ▶
- D** Check box if filing under:
  - Form 5558
  - automatic extension
  - the DFVC program
  - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information**—enter all requested information

<b>1a</b> Name of plan <u>AU MEDICAL CENTER, INC. 403(B) RETIREMENT SAV PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
	<b>1c</b> Effective date of plan <u>07/01/2000</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AU MEDICAL CENTER, INC.</u>  <u>BENEFITS ADMINISTRATION</u> <u>1120 15TH STREET FG-1104</u> <u>AUGUSTA, GA 30912</u>	<b>2b</b> Employer Identification Number (EIN) <u>58-2144788</u>
	<b>2c</b> Plan Sponsor's telephone number <u>706-721-9289</u>
	<b>2d</b> Business code (see instructions) <u>622000</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>	<u>Filed with authorized/valid electronic signature.</u>	<u>07/27/2023</u>	<u>LISA MITCHUM</u>
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

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

**Form 5500 (2022)**  
v. 220413

<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:		<b>4b</b> EIN
<b>a</b> Sponsor's name		<b>4d</b> PN
<b>c</b> Plan Name		
<b>5</b> Total number of participants at the beginning of the plan year		<b>5</b> 5313
<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> 3641
<b>a(2)</b> Total number of active participants at the end of the plan year .....		<b>6a(2)</b> 3392
<b>b</b> Retired or separated participants receiving benefits .....		<b>6b</b>
<b>c</b> Other retired or separated participants entitled to future benefits.....		<b>6c</b> 2168
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....		<b>6d</b> 5560
<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> 5560
<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> 5340
<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: 2F 2G 2M 2T		
<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)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>1 A</b> (Insurance Information)
	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2022**

**This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

<b>A</b> Name of plan <b>AU MEDICAL CENTER, INC. 403(B) RETIREMENT SAV PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AU MEDICAL CENTER, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>58-2144788</b>

**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  
**VARIABLE ANNUITY LIFE INSURANCE CO.**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>74-1625348</b>	<b>70238</b>	<b>61712</b>	<b>5373</b>	<b>01/01/2016</b>	<b>12/31/2016</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

**(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	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
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.		
<b>4</b>	Current value of plan's interest under this contract in the general account at year end.....	<b>4</b> 65865758
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 59666405
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 5759627
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 1847651
	(4) Transferred from separate account.....	<b>7c(4)</b> 4580141
	(5) Other (specify below) .....	<b>7c(5)</b>
	▶	
	(6) Total additions.....	<b>7c(6)</b> 12187419
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 71853824
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 3928560
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account.....	<b>7e(3)</b> 2023077
	(4) Other (specify below) .....	<b>7e(4)</b> 36429
	▶ <b>CONTRACT SURRENDER CHARGES</b>	
	(5) Total deductions.....	<b>7e(5)</b> 5988066
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 65865758

**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)
- |  |  |   |  |
|--|--|---|--|
| <b>a</b> <input type="checkbox"/> Health (other than dental or vision)         | <b>b</b> <input type="checkbox"/> Dental               | <b>c</b> <input type="checkbox"/> Vision                    | <b>d</b> <input type="checkbox"/> Life insurance     |
| <b>e</b> <input type="checkbox"/> Temporary disability (accident and sickness) | <b>f</b> <input type="checkbox"/> Long-term disability | <b>g</b> <input type="checkbox"/> Supplemental unemployment | <b>h</b> <input type="checkbox"/> Prescription drug  |
| <b>i</b> <input type="checkbox"/> Stop loss (large deductible)                 | <b>j</b> <input type="checkbox"/> HMO contract         | <b>k</b> <input type="checkbox"/> PPO contract              | <b>l</b> <input type="checkbox"/> Indemnity contract |
| <b>m</b> <input type="checkbox"/> 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>	
<b>10</b> 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 .....		<b>10b</b>	
Specify nature of costs.			

**Part IV Provision of Information**

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

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

**SCHEDULE C  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Service Provider Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2022**

**This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

<b>A</b> Name of plan <u>AU MEDICAL CENTER, INC. 403(B) RETIREMENT SAV PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>AU MEDICAL CENTER, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>58-2144788</u>	

**Part I Service Provider Information (see instructions)**

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

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

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

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

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

VALIC RETIREMENT SERVICES COMPANY

51-0396365

**(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)

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51-0396365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 29 33 37 49 52 57 59 60 61 63 64 72 99	NO RELATIONSHIP	132165	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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.

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

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

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

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<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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:

**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2022**

**This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

<b>A</b> Name of plan <b>AU MEDICAL CENTER, INC. 403(B) RETIREMENT SAV PLAN</b>	<b>B</b> Three-digit plan number (PN) ► <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AU MEDICAL CENTER, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>58-2144788</b>

**Part I Asset and Liability Statement**

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

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<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>	
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>	
<b>(3)</b> Other.....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>	
<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>	6632462
<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>	66577473
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	65865758
<b>(15)</b> Other.....	<b>1c(15)</b>	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	132525309	148152119
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	132525309	148152119

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	12759267	
(C) Others (including rollovers).....	2a(1)(C)	2929777	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		15689044
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	1847651	
(F) Other.....	2b(1)(F)	268216	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		2115867
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3715089	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		3715089
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		2099846
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		23619846
<b>Expenses</b>			
<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	7710701	
(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)		7710701
<b>f</b> Corrective distributions (see instructions) .....	2f		638
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		149532
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses: (1) Professional fees .....	2i(1)		
(2) Contract administrator fees.....	2i(2)	132165	
(3) Investment advisory and management fees .....	2i(3)		
(4) Other .....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		132165
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		7993036
<b>Net Income and Reconciliation</b>			
<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		15626810
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		
(2) From this plan.....	2l(2)		

**Part III Accountant's Opinion**

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

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

- (1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

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

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

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

**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?.....	<b>4e</b>	X		5000000
<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? .....	<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.).....	<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>			

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

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

<b>A</b> Name of plan <b>AU MEDICAL CENTER, INC. 403(B) RETIREMENT SAV PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AU MEDICAL CENTER, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>58-2144788</b>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

<b>1</b>	
----------	--

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 76-0519990

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

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

<b>3</b>	
----------	--

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

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

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

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

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year.....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 \_\_\_\_\_

Financial Statements and Report of Independent  
Certified Public Accountants

**AU Medical Center, Inc. 403(b) Retirement Savings  
Plan**

December 31, 2016 and 2015

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* Other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.	



## REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

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To the Participants and Plan Administrator of  
AU Medical Center, Inc. 403(b) Retirement Savings Plan:

### Report on the financial statements

We were engaged to audit the accompanying financial statements of **AU Medical Center, Inc. 403(b) Retirement Savings Plan** (the “Plan”), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

### Management's responsibility for the financial statements

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

### Auditor's responsibility

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

### Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note 3, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of December 31, 2016 and 2015, and for the year ended December 31, 2016 stating that the certified information provided to the Plan administrator is complete and accurate.

**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.

**Supplementary information**

The supplemental schedule of assets (held at end of year) as of December 31, 2016 is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

**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 certified information described in Note 3, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Grant Thornton LLP*

Columbia, South Carolina  
August 4, 2017

# Statements of net assets available for benefits

<b>As of December 31</b>	<b>2016</b>	<b>2015</b>
	<b>\$</b>	<b>\$</b>
<b>Assets:</b>		
<b>Investments:</b>		
Mutual Funds at fair value	75,653,899	66,577,473
Guaranteed interest contract at contract value	65,865,758	59,666,405
<b>Total investments</b>	<b>141,519,657</b>	<b>126,243,878</b>
Receivables:		
Notes receivable from participants	7,207,108	6,706,545
<b>Total receivables</b>	<b>7,207,108</b>	<b>6,706,545</b>
<b>Net assets available for benefits</b>	<b>148,726,765</b>	<b>132,950,423</b>

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

# Statement of changes in net assets available for benefits

<b>For the year ended December 31</b>	<b>2016</b>
	<b>\$</b>
<b>Investment income (loss):</b>	
Interest and dividend income	5,562,740
Net appreciation in fair value of investments	2,099,846
Net investment income	7,662,586
<b>Interest income on notes receivable from participants</b>	<b>268,216</b>
<b>Contributions:</b>	
Employee	12,759,267
Rollovers	2,929,777
Total contributions	15,689,044
<b>Deductions from net assets attributed to:</b>	
Benefits paid	(7,711,339)
Administrative expenses	(132,165)
Total deductions	(7,843,504)
<b>Net increase in net assets available for benefits</b>	<b>15,776,342</b>
<b>Net assets available for benefits, beginning of year</b>	<b>132,950,423</b>
<b>Net assets available for benefits, end of year</b>	<b>148,726,765</b>

The accompanying notes are an integral part of this financial statement.

# Notes to financial statements

## 1 Description of the Plan

The following description of AU Medical Center, Inc. 403(b) Retirement Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document, copies of which are available from the Plan administrator, for a more complete description of the Plan's provisions.

### **General**

The Plan is a contributory defined contribution plan covering all employees of AU Medical Center, Inc. (the Company), except for temporary employees or staff leased from Augusta University. The Plan was established on July 1, 2000, and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Effective August 19, 2016, the name of the Plan changed from the MCG Health, Inc. 403(b) Retirement Savings Plan to the AU Medical Center, Inc. 403(b) Retirement Savings Plan.

### **Eligibility**

All covered employees become eligible to participate in the Plan on their hire date.

### **Contributions**

The Plan permits tax-deferred participant contributions of up to the lesser amount of 100% of eligible compensation in a calendar year or \$18,000 for 2016. Participants who are 50 years of age or older and qualify, may use the Internal Revenue Service (IRS) catch-up provision to contribute up to an additional \$6,000 for 2016 into the Plan, increasing the total limit to \$24,000 for 2016 in accordance with Internal Revenue Code (IRC).

### **Forfeiture Allocation**

Under the current Plan agreement, there are no forfeiture allocations as the contributions of Plan participants are immediately 100% vested.

### **Participant Accounts**

Each participant's account is credited with rollovers, the participant's contributions and earnings on investments in his or her account, and is charged with its allocated portion of the administrative expenses and certain transactions fees. Allocations are based on relative participant account balances. Participants direct the investment of their account into various investment options offered by the Plan. The Plan currently offers 40 mutual funds and one guaranteed investment contract investment as options for participants. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### **Vesting Provision**

Plan participants are immediately vested in their contributions plus actual earnings thereon and in their rollover contributions from other qualifying plans and the earnings on those contributions from the date of entry into the Plan.

### **Benefit Payments**

The Plan provides for withdrawals upon retirement, termination, disability, or death. Normal retirement is on or after age 65. Withdrawals during employment of tax-deferred contributions may be made if the employee has attained age 59½. At termination of employment for reasons other than retirement, death or disability, the accrued benefit will be all of the participant's contributions and all related earnings and losses. Payments may be made in the form of a lump sum or installment payments.

**Notes Receivable from Participants**

The Plan allows for loans to participants that are collateralized by the participant's vested account balance. Participants may receive a loan from the Plan of up to 50% of their vested account balance or \$50,000, whichever is less. The minimum amount a participant may borrow is \$1,000. The loans must bear interest at a fixed rate of prime plus 1%. The interest rate will be subject to change on a quarterly basis. The loan must provide at least quarterly payments under an amortization schedule. Loan terms are generally not to exceed five years or 15 years if used for the purchase of a residence. Principal and interest are paid through payroll deductions. Upon termination or change to Pro Re Nata (PRN) status, a participant with an active loan will be required to either repay the loan in full or enter into an Automated Clearing House debit agreement to repay the loan from the participant's personal bank or savings account.

**Administrative Expenses**

Expenses incurred in the establishment, administration and operation of the Plan are charged to the Plan and allocated to participants' accounts based on each participant's account balance, unless the Company agrees to pay the fees. Certain transaction fees related to loans are charged directly to the specific participant account.

**2 Summary of Significant Accounting Policies****Basis of Accounting**

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

**Use of Estimates**

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

**Investments**

The Plan's investments in mutual and money market funds are stated at fair value, which equals the quoted net asset values in an active market on the last business day of the plan year. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The guaranteed investment contract meets the fully benefit-responsive investment contract criteria as provided in Accounting Standards Codification (ASC) 962, *"Plan Accounting – Defined Contribution Pension Plans."* The guaranteed investment contract is presented at contract value, which is equal to principal balance plus accrued interest. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

**Risks and Uncertainties**

The Plan invests in various investment securities. These investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risk in the near term would materially affect the participants' account balances and the amounts reported in the statements of net assets available for benefits.

**Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Delinquent loans are reclassified as deemed distributions based upon terms of the Plan document.

**Benefit Payments**

Benefits are recorded when paid.

**Tax Status**

Effective January 1, 2010, by final regulations under Internal Revenue Code (IRC) Section 403(b), sponsors of such plans are required to have in place a written Plan document. Currently, plan sponsors cannot obtain assurance from the IRS that the written form of its Plan satisfies the final regulation other than through a private letter ruling. Therefore, compliance with IRC final regulations is assumed for plan sponsors who have made appropriate efforts to comply with the written plan requirement in the final regulations. Management of the Sponsor believes that the Plan has complied with all responsibilities set forth under the IRC final regulation and the Plan has been designed and operated in accordance with the IRC and is, therefore, tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require 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 Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016 and 2015, there are no uncertain 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.

**3 Information Certified by the Custodian**

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2016 and 2015.
- Net appreciation in fair value of investments, interest and dividend income, and interest income on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2016.
- Schedule H, Line 4i - Schedule of assets (held at end of year) as of December 31, 2016.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

#### 4 Fair Value Measurements

FASB ASC Topic 820, *"Fair Value Measurements and Disclosures"* (ASC 820), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. That hierarchy gives highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

**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, and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If an 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.

Assets and liabilities measured at fair value are unobservable and significant to the fair value measurement.

- Market approach prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities.
- Cost approach amount that would be required to replace the service capacity of an asset of replacement cost.
- Income approach techniques to convert future amounts to a single present amount based on market expectations, including present value techniques, option-pricing and other models.

The fair value measurement level of an asset or liability 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.

Changes in economic conditions or valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the year ended December 31, 2016, there were no transfers in or out of Levels 1, 2 or 3.

The following is a description of the valuation methodologies used for assets measured at fair value.

##### **Mutual Funds and Money Market Fund**

Mutual funds, as actively traded on a national security exchange, are 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 Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price.

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

Assets at Fair Value				
December 31, 2016	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
	\$	\$	\$	\$
Money market fund	-	-	-	-
Mutual funds	75,653,899	-	-	75,653,899
<b>Total assets at fair value</b>	<b>75,653,899</b>	<b>-</b>	<b>-</b>	<b>75,653,899</b>

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2015:

Assets at Fair Value				
December 31, 2015	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
	\$	\$	\$	\$
Money market fund	521,945	-	-	521,945
Mutual funds	66,055,528	-	-	66,055,528
<b>Total assets at fair value</b>	<b>66,577,473</b>	<b>-</b>	<b>-</b>	<b>66,577,473</b>

## 5 Guaranteed Investment Contract at Contract Value

In the guaranteed investment contract, the assets are held as part of the general assets of the Variable Annuity Life Insurance Company (VALIC). VALIC will guarantee principal and accrued interest, based on credited interest rates, for participant-initiated withdrawals as long as the contract remains active. Interest is credited to the contract at interest rates that reflect the performance of the underlying portfolio. The interest rate is declared monthly with interest credited on a daily basis at an annual effective rate. The guaranteed investment contract offers an annual minimum crediting rate set at the beginning of each year, as well as a contract minimum rate guaranteed. Interest is credited under a portfolio interest crediting method in which all deposits receive the same return regardless of date of initial deposit. No sales charges are applied to contributions. Participants will receive the principal and accrued earnings credited to their accounts on withdrawal for allowed events. These events include transfers to other Plan investment options and payments because of retirement, termination of employment, disability, death and in-service withdrawals as permitted by the Plan.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan’s prohibition on competing investment options or deletions of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator believes that any events that would limit the Plan’s ability to transact at contract value with participants are probable of not occurring.

### Investment Restrictions

If all participants were eligible for a distribution of their full accounts from the Plan on the reporting date, the amount payable on demand on the reporting date would be the contract value. The guaranteed investment contract includes redemption restrictions if the Plan were to exit the investment.

The VALIC guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date. If a group of participants are no longer eligible to participate in the Plan, their portion of the contract may be partially surrendered. These amounts will be paid out either over a five year equal amount installment method, a decreasing balance method or a market value adjustment method, which is calculated by VALIC. Payments will be made on a monthly basis the first business day 31 days after the date of surrender.

## 6 Transactions with Parties-in-interest

The Plan's investments include a guaranteed investment contract. The Plan's assets also include notes receivable from participants. The guaranteed investment contract with VALIC, the custodian of the Plan, is underwritten by the American General Series Portfolio Company, an affiliate of the custodian. These transactions qualify as party-in-interest transactions, as defined by ERISA.

## 7 Plan Termination

The Company anticipates and believes that the Plan will continue without interruption but reserves the right to amend, modify or discontinue the Plan at its discretion. In the event of Plan termination, all amounts credited to participants will remain in custody and will be paid to participants or beneficiaries, as applicable, in accordance with the distribution guidelines set forth by the Plan and ERISA.

## 8 Reconciliations of Financial Statements to Form 5500

The following are reconciliations of net assets available for benefits per the financial statements to Form 5500:

	For the year ended December 31, 2016	December 31, 2016	December 31, 2015
	Net increase in net assets available for benefits	Net assets available for plan benefits	Net assets available for plan benefits
		\$	\$
<b>Per the financial statements</b>			
Participant loans	-	7,207,108	6,706,545
Benefit payments	7,711,339	-	-
Less: deemed distributions	149,532	(574,646)	(425,114)
<b>Per Form 5500</b>	<b>7,860,871</b>	<b>6,632,462</b>	<b>6,281,431</b>

## 9 Subsequent Events

The Plan evaluated subsequent events for potential recognition or disclosure in the financial statements through August 4, 2017, the date the financial statements were available to be issued.

# Schedule H, Line 4i – Schedule of assets (held at end of year)

As of December 31, 2016

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower or Similar Party	Investment Description	Cost	Current Value	\$
				\$
* VALIC	VALIC Guaranteed Investment Contract - Fixed Interest Option Fund	**	65,865,758	
	<b>Total Guaranteed Interest Contracts</b>		<b>65,865,758</b>	
AMCENT INF-ADJ BOND INV	AMCENT INF-ADJ BOND INV	**	519,263	
INVESCO HIGH YIELD R5	INVESCO HIGH YIELD R5	**	650,902	
TEMPLETON GLOB BOND A	TEMPLETON GLOB BOND A	**	855,552	
AMER FUNDS AMER BAL R4	AMER FUNDS AMER BAL R4	**	7,097,546	
JANUS BALANCED T	JANUS BALANCED T	**	8,675,402	
T. ROWE RETIREMENT 2050 ADV	T. ROWE RETIREMENT 2050 ADV	**	699,615	
T. ROWE PRCE FD2020 ADV	T. ROWE PRCE FD2020 ADV	**	836,376	
T. ROWE PRCE RT FD2030 ADV	T. ROWE PRCE RT FD2030 ADV	**	1,233,804	
T. ROWE PRCE RT FND2040 ADV	T. ROWE PRCE RT FND2040 ADV	**	1,449,999	
T. ROWE PRICE RET INC ADV	T. ROWE PRICE RET INC ADV	**	17,227	
AMER FUNDS CAPWRDLGL R4	AMER FUNDS CAPWRDLGL R4	**	2,930,526	
AMER FUNDS EUROPAC R4	AMER FUNDS EUROPAC R4	**	1,816,189	
JANUS GLOBAL TECHNOLOGY A	JANUS GLOBAL TECHNOLOGY A	**	1,429,242	
JANUS GLOBAL RESEARCH T	JANUS GLOBAL RESEARCH T	**	1,576,125	
LOOMIS SAYLES GLB EQTY & INC A	LOOMIS SAYLES GLB EQTY & INC A	**	876,921	
OPPENHEIMER DEVELOP MKTA	OPPENHEIMER DEVELOP MKTA	**	2,233,773	
PUTNAM INTL EQUITY A	PUTNAM INTL EQUITY A	**	2,594,766	
AMER FUNDS AMER MUT R4	AMER FUNDS AMER MUT R4	**	614,592	
AMER FUNDS GROWTH FUND R4	AMER FUNDS GROWTH FUND R4	**	2,149,114	
DREYFUS DISC STOCK	DREYFUS DISC STOCK	**	634,119	
DREYFUS S&P 500 INDEX	DREYFUS S&P 500 INDEX	**	5,740,378	
INVESCO DIVERS DIVIDEND INV	INVESCO DIVERS DIVIDEND INV	**	2,032,306	
JANUS GROWTH & INCOME T	JANUS GROWTH & INCOME T	**	1,975,475	
JANUS TWENTY T	JANUS TWENTY T	**	2,672,621	
MFS MASS INVEST GR STK R3	MFS MASS INVEST GR STK R3	**	1,690,548	
MFS MASS INVEST TR R3	MFS MASS INVEST TR R3	**	1,201,331	
ALLIANCE BER DISCOVERY VALUE K	ALLIANCE BER DISCOVERY VALUE K	**	826,131	
DREYFUS MIDCAP INDEX	DREYFUS MIDCAP INDEX	**	6,982,207	
DREYFUS/BOST CO SM/MD CAP GR A	DREYFUS/BOST CO SM/MD CAP GR A	**	1,932,244	
PRUDENTIAL JENN HEALTH SCI A	PRUDENTIAL JENN HEALTH SCI A	**	1,437,886	
DREYFUS SM CAP STK INDX	DREYFUS SM CAP STK INDX	**	4,165,394	

## Schedule H, Line 4i – Schedule of assets (held at end of year) (cont'd)

As of December 31, 2016

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower or Similar Party	Investment Description	Cost	Current Value	
JP MORGAN SMALL CAP GR A	JP MORGAN SMALL CAP GR A	**	227,723	
FRANKLIN GOLD & PREC MTLs CL A	FRANKLIN GOLD & PREC MTLs CL A	**	254,931	
NEUBERG BER REAL ESTATE TRUST	NEUBERG BER REAL ESTATE TRUST	**	1,420,626	
WELLS FAR SPC SM CAP VAL A	WELLS FAR SPC SM CAP VAL A	**	541,694	
WELLS FARGO CORE BOND A	WELLS FARGO CORE BOND A	**	1,426,612	
WELLS FARGO GOVT SEC A	WELLS FARGO GOVT SEC A	**	408,654	
WELLS FARGO INCOME PLUS A	WELLS FARGO INCOME PLUS A	**	1,226,916	
WELLS FARGO LARGE CAP ADMN	WELLS FARGO LARGE CAP ADMN	**	216,369	
WELLS FARGO LARGE CAP GR A	WELLS FARGO LARGE CAP GR A	**	382,800	
<b>Total Mutual Funds</b>			<b>75,653,899</b>	
* Participants	<b>Notes receivable from participants***</b>		7,207,108	
<b>Total</b>			<b>148,726,765</b>	

\* Represents party-in-interest to the Plan.

\*\* Cost information has not been included because all investments are participant-directed.

\*\*\* Interest rates ranging from 4.25% to 9.25% and maturing through December 2031.

**Form 5500**

Attachment

**Schedule H, line 4i--Schedule of Assets (Held at End of Year)**

Name of plan <b>MCG HEALTH 403(B) RETIREMENT SAVINGS PLAN</b>			Three-digit ERISA plan number <b>001</b>	
Name of plan sponsor as shown on line 2a of Form 5500 <b>MCG HEALTH, INC.</b>			Employer Identification Number <b>58-2144788</b>	
Contract Number: <b>61712</b> Plan Number: <b>001</b>				
	(c) Description of investment including maturity date,			
(a)	(b) Identity of Issue, borrower, lessor, or similar party	rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	VALIC FIXED-INTEREST	VALIC FIXED-INTEREST		65,865,758
	ALLIANCE BER DISCOVERY VALUE K	MUTUAL FUND - ALLIANCE BER DISCOVERY VALUE K		826,131
	AMCENT INF-ADJ BOND INV	MUTUAL FUND - AMCENT INF-ADJ BOND INV		519,263
	AMER FUNDS AMER BAL R4	MUTUAL FUND - AMER FUNDS AMER BAL R4		7,097,546
	AMER FUNDS AMER MUT R4	MUTUAL FUND - AMER FUNDS AMER MUT R4		614,592
	AMER FUNDS CAPWRLDGL R4	MUTUAL FUND - AMER FUNDS CAPWRLDGL R4		2,930,526
	AMER FUNDS EUROPAC R4	MUTUAL FUND - AMER FUNDS EUROPAC R4		1,816,189
	AMER FUNDS GROWTH FUND R4	MUTUAL FUND - AMER FUNDS GROWTH FUND R4		2,149,114
	DREYFUS DISC STOCK	MUTUAL FUND - DREYFUS DISC STOCK		634,119
	DREYFUS MIDCAP INDEX	MUTUAL FUND - DREYFUS MIDCAP INDEX		6,982,207
	DREYFUS S&P 500 INDEX	MUTUAL FUND - DREYFUS S&P 500 INDEX		5,740,378
	DREYFUS SM CAP STK INDX	MUTUAL FUND - DREYFUS SM CAP STK INDX		4,165,394
	DREYFUS/BOST CO SM/MD CAP GR A	MUTUAL FUND - DREYFUS/BOST CO SM/MD CAP GR A		1,932,244
	FRANKLIN GOLD & PREC MTLs CL A	MUTUAL FUND - FRANKLIN GOLD & PREC MTLs CL A		254,931
	INVESCO DIVERS DIVIDEND INV	MUTUAL FUND - INVESCO DIVERS DIVIDEND INV		2,032,306
	INVESCO HIGH YIELD R5	MUTUAL FUND - INVESCO HIGH YIELD R5		650,902
	JANUS BALANCED T	MUTUAL FUND - JANUS BALANCED T		8,675,402
	JANUS GLOBAL RESEARCH T	MUTUAL FUND - JANUS GLOBAL RESEARCH T		1,576,125
	JANUS GLOBAL TECHNOLOGY A	MUTUAL FUND - JANUS TECHNOLOGY A		1,429,242
	JANUS GROWTH & INCOME T	MUTUAL FUND - JANUS GROWTH & INCOME T		1,975,475
	JANUS TWENTY T	MUTUAL FUND - JANUS TWENTY T		2,672,621
	JP MORGAN SMALL CAP GR A	MUTUAL FUND - JP MORGAN SMALL CAP GR A		227,723
	LOOMIS SAYLES GLB EQTY & INC A	MUTUAL FUND - LOOMIS SAYLES GLB EQTY & INC A		876,921
	MFS MASS INVEST GR STK R3	MUTUAL FUND - MFS MASS INVEST GR STK R3		1,690,547
	MFS MASS INVEST TR R3	MUTUAL FUND - MFS MASS INVEST TR R3		1,201,331
	NEUBERG BER REAL ESTATE TRUST	MUTUAL FUND - NEUBERG BER REAL ESTATE TRUST		1,420,626
	OPPENHEIMER DEVELOP MKTA	MUTUAL FUND - OPPENHEIMER DEVELOP MKTA		2,233,773
	PRUDENTIAL JENN HEALTH SCI A	MUTUAL FUND - PRUDENTIAL JENN HEALTH SCI A		1,437,885
	PUTNAM INTL EQUITY A	MUTUAL FUND - PUTNAM INTL EQUITY A		2,594,766
	T. ROWE RETIREMENT 2050 ADV	MUTUAL FUND - T. ROWE RETIREMENT 2050 ADV		699,615
	T. ROWE PRCE FD2020 ADV	MUTUAL FUND - T. ROWE PRCE FD2020 ADV		836,376
	T. ROWE PRCE RT FD2030 ADV	MUTUAL FUND - T. ROWE PRCE RT FD2030 ADV		1,233,804
	T. ROWE PRCE RT FND2040 ADV	MUTUAL FUND - T. ROWE PRCE RT FND2040 ADV		1,449,999
	T. ROWE PRICE RET INC ADV	MUTUAL FUND - T. ROWE PRICE RET INC ADV		17,227
	TEMPLETON GLOB BOND A	MUTUAL FUND - TEMPLETON GLOB BOND A		855,552
	WELLS FAR SPC SM CAP VAL A	MUTUAL FUND - WELLS FAR SPC SM CAP VAL A		541,694
	WELLS FARGO CORE BOND A	MUTUAL FUND - WELLS FARGO CORE BOND A		1,426,611
	WELLS FARGO CORE PLUS BOND A	MUTUAL FUND - WELLS FARGO CORE PLUS BOND A		1,226,916
	WELLS FARGO GOVT SEC A	MUTUAL FUND - WELLS FARGO GOVT SEC A		408,654
	WELLS FARGO LARGE CAP ADMN	MUTUAL FUND - WELLS FARGO LARGE CAP ADMN		216,369
	WELLS FARGO LARGE CAP GR A	MUTUAL FUND - WELLS FARGO LARGE CAP GR A		382,800
*	PARTICIPANT LOANS	(4.25% - 9.25%)		6,632,462



**AUGUSTA**  
UNIVERSITY

July 2, 2018

U.S. Department of Labor  
Employee Benefits Security Administration  
VIA EFAST 2 FILING

Re: AU MEDICAL CENTER, INC. 403(B) RETIREMENT SAV PLAN  
EIN: 58-2144788; Plan Number: 001  
Plan Year Ended: December 31, 2016  
Form Number: 2016 Form 5500 (Annual Return/Report of Employee Benefit Plan)

To Whom It May Concern:

We are attaching this letter to explain our amendment to the above-referenced Form 5500 return.

Upon review and consultation with outside advisors, we have determined that the above-referenced plan constitutes a “governmental plan” within the meaning of ERISA section 3(32). We are amending the referenced Form 5500 to mark it “Final” because, as a governmental plan, there is no obligation to file Form 5500 returns for the plan.

ERISA section 4(b)(1) provides that Title I of ERISA does not apply to governmental plans, and therefore the requirement to file annual reports on Form 5500 does not apply to the referenced plan. Accordingly, we are amending the referenced Form 5500 filing to mark it “Final” to make it clear that annual reports will not be filed for the referenced plan for subsequent plan years.

If you have any questions regarding this matter, please contact me directly at 706-721-3777.

Very Truly Yours,

Susan A. Norton, M.S.  
Vice President, Human Resources  
Augusta University and AU Health

HUMAN RESOURCES

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Mailing Address:  
1120 15th Street, FG 1102  
Augusta, Georgia 30912

T (706) 721-3777  
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# Health

1120 15<sup>th</sup> Street  
Augusta, Georgia 30912  
(t) 706.721.6569

July 26, 2023

U.S. Department of Labor  
Employee Benefits Security Administration

Re: AU Medical Center, Inc. 403(b) Retirement Savings Plan  
EIN: 58-2144788; Plan Number: 001  
Plan Year Ended: December 31, 2016  
2016 Form 5500 – Annual Return/Report of Employee Benefit Plan

To Whom It May Concern,

This letter is being attached to the Form 5500 to explain further amendment of the 2016 Form 5500, which was previously amended on July 9, 2018 to show as a “final” return based on prior advice that the above-reference plan constitutes a “governmental plan” within the meaning of Section 3(32) of ERISA and is not subject to the annual Form 5500 reporting requirements under ERISA.

Upon subsequent review and consultation with outside legal advisors, we have determined that above-referenced plan is NOT a governmental plan as previously determined and therefore, is subject to the annual Form 5500 reporting requirements. Accordingly, we are amending the amended 2016 Form 5500 to uncheck the ‘final filing/report’ box. Subsequent to this amended filing, we are filing Forms 5500 for plan years 2017 – 2021 under the Delinquent Filer Voluntary Compliance Program (DFVCP).

If you have any questions regarding this matter, please contact me at (706) 721-9287.

Sincerely,

Lisa Mitchum, MBA, SPHR  
AVP, Human Resources