

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

1a Name of plan <u>AU MEDICAL CENTER, INC. 401(A) RETIREMENT SAV PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
	1c Effective date of plan <u>07/01/2000</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AU MEDICAL CENTER, INC.</u> <u>BENEFITS ADMINISTRATION</u> <u>1120 15TH STREET FG-1104</u> <u>AUGUSTA, GA 30912</u>	2b Employer Identification Number (EIN) <u>58-2144788</u>
	2c Plan Sponsor's telephone number <u>706-721-9289</u>
	2d 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.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/27/2023</u>	<u>LISA MITCHUM</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 5347
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 3655 6a(2) 3405 6b 6c 2188 6d 5593 6e 0 6f 5593 6g 5378 6h 24
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> 1 A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

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

11c Enter the Receipt Confirmation Code for the 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 _____

**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**

A Name of plan AU MEDICAL CENTER, INC. 401(A) RETIREMENT SAV PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 AU MEDICAL CENTER, INC.	D Employer Identification Number (EIN) 58-2144788

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) 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
74-1625348	70238	61712	5405	01/01/2016	12/31/2016

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 0	(b) Total amount of fees paid 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

(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	

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

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

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

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

Part II	Investment and Annuity Contract Information	
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.		
4	Current value of plan's interest under this contract in the general account at year end.....	4 50871239
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..... Specify nature of costs ▶	6d
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b	Balance at the end of the previous year	7b 47489882
c	Additions: (1) Contributions deposited during the year	7c(1) 3775264
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 1454731
	(4) Transferred from separate account.....	7c(4) 2316602
	(5) Other (specify below)	7c(5)
▶		
	(6) Total additions.....	7c(6) 7546597
d	Total of balance and additions (add lines 7b and 7c(6))	7d 55036479
e Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 2753771
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account.....	7e(3) 1382372
	(4) Other (specify below)	7e(4) 29097
▶ CONTRACT SURRENDER CHARGES		
(5) Total deductions.....		7e(5) 4165240
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f 50871239

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8** Benefit and contract type (check all applicable boxes)
- a** Health (other than dental or vision)
 - b** Dental
 - c** Vision
 - d** Life insurance
 - e** Temporary disability (accident and sickness)
 - f** Long-term disability
 - g** Supplemental unemployment
 - h** Prescription drug
 - i** Stop loss (large deductible)
 - j** HMO contract
 - k** PPO contract
 - l** Indemnity contract
 - m** Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve.....	9a(3)			
(4) Earned ((1) + (2) - (3)).....			9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2)).....			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs.....	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges.....	9c(1)(G)			
(H) Total retention.....			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			10b	
Specify nature of costs.				

Part IV Provision of Information

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

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

**SCHEDULE C
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

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

A Name of plan <u>AU MEDICAL CENTER, INC. 401(A) RETIREMENT SAV PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AU MEDICAL CENTER, INC.</u>	D 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

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)

VALIC RETIREMENT SERVICES COMPANY

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	84649	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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE H
(Form 5500)**

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**

A Name of plan AU MEDICAL CENTER, INC. 401(A) RETIREMENT SAV PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 AU MEDICAL CENTER, INC.	D Employer Identification Number (EIN) 58-2144788

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	
(2) U.S. Government securities.....	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred.....	1c(3)(A)	
(B) All other.....	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(5) Partnership/joint venture interests.....	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants).....	1c(7)	
(8) Participant loans.....	1c(8)	4801394 4528152
(9) Value of interest in common/collective trusts.....	1c(9)	
(10) Value of interest in pooled separate accounts.....	1c(10)	
(11) Value of interest in master trust investment accounts.....	1c(11)	
(12) Value of interest in 103-12 investment entities.....	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	40319824 46024729
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	47489882 50871239
(15) Other.....	1c(15)	

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	92611100	101424120

Liabilities

g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	92611100	101424120
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	9099990	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		9099990
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	188784	
(F) Other.....	2b(1)(F)	1454731	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		1643515
(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)	2227693	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		2227693
(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)		1269344
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		14240542
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5216064	
(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)		5216064
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		126809
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees.....	2i(2)	84649	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		84649
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5427522
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		8813020
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

- (1) 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 Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c 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 _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>AU MEDICAL CENTER, INC. 401(A) RETIREMENT SAV PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AU MEDICAL CENTER, INC.</u>	D Employer Identification Number (EIN) <u>58-2144788</u>	

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

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

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

1	
---	--

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

3	
---	--

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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:

a 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).....	14a	
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)	14b	
c 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).....	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 _____

Financial Statements and Report of Independent
Certified Public Accountants

**AU Medical Center, Inc. 401(a) 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

Grant Thornton LLP
1320 Main Street, Suite 500
Columbia, SC 29201-6208
T 803.231.3100
F 803.231.3057
www.GrantThornton.com

To the Participants and Plan Administrator of
AU Medical Center, Inc. 401(a) Retirement Savings Plan:

Report on the financial statements

We were engaged to audit the accompanying financial statements of **AU Medical Center, Inc. 401(a) 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

As of December 31	2016	2015
	\$	\$
Assets:		
Investments:		
Mutual Funds at fair value	46,024,729	40,319,824
Guaranteed interest contract at contract value	50,871,239	47,489,882
Total investments	96,895,968	87,809,706
Receivables:		
Notes receivable from participants	4,875,943	5,022,376
Total receivables	4,875,943	5,022,376
Net assets available for benefits	101,771,911	92,832,082

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

Statement of changes in net assets available for benefits

For the year ended December 31	2016
	\$
Investment income:	
Interest and dividend income	3,682,424
Net appreciation in fair value of investments	1,269,343
Net investment income	4,951,767
Interest income on notes receivable from participants	188,784
Contributions:	
Employer	9,099,990
Total contributions	9,099,990
Deductions from net assets attributable to:	
Benefits paid	(5,216,063)
Administrative expenses	(84,649)
Total deductions	(5,300,712)
Net increase in net assets available for benefits	8,939,829
Net assets available for benefits, beginning of year	92,832,082
Net assets available for benefits, end of year	101,771,911

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. 401(a) 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 noncontributory 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. 401(a) Retirement Savings Plan to the AU Medical Center, Inc. 401(a) Retirement Savings Plan.

Eligibility

All covered employees are immediately eligible to participate in the Plan upon their participation in the related 403(b) Plan sponsored by the Company.

Contributions

Each year, the Company matches 100% of contributions a participant makes to the associated 403(b) Plan sponsored by the Company, up to 5% of compensation. In addition, the Company may contribute other amounts to the Plan as determined by the Company at its discretion. No discretionary contributions were made during the year ended December 31, 2016.

Forfeiture Allocation

All participant forfeitures that arise to correct employer contributions previously paid will be used to reduce employer contributions to the Plan or to pay administrative expenses, as provided in the Plan. No forfeited balances existed as of December 31, 2016 or December 31, 2015. During 2016, no forfeited balances were used to reduce employer contributions into the Plan or to pay administrative expenses.

Participant Accounts

Each participant's account is credited with rollovers, the Company'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 matching contributions plus actual earnings thereon.

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 the participant's vested interest in employer 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 vested interest in employer 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 a level 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. The notes receivable balance includes the Plan loan total from the certified statements, less the deemed distributions total. Total deemed distributions were \$347,791 and \$220,982 for 2016 and 2015, respectively.

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

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and has operated in accordance with the applicable requirements of the IRC. 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 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.

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 the 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
	\$	\$	\$	\$
Mutual funds	46,024,729	-	-	46,024,729
Total assets at fair value	46,024,729	-	-	46,024,729

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	218,982	-	-	218,982
Mutual funds	40,100,842	-	-	40,100,842
Total assets at fair value	40,319,824	-	-	40,319,824

5 Guaranteed Investment Contract

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
		\$	\$
Per the financial statements			
Participant loans	-	4,875,943	5,022,376
Benefit payments	(5,216,064)	-	-
Less: deemed distributions	126,809	(347,791)	(220,982)
Per Form 5500	(5,089,255)	4,528,152	4,801,394

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	**	50,871,239	
Total Guaranteed Interest Contracts			50,871,239	
AMCENT INF-ADJ BOND INV	AMCENT INF-ADJ BOND INV	**	276,354	
INVESCO HIGH YIELD R5	INVESCO HIGH YIELD R5	**	276,278	
TEMPLETON GLOB BOND A	TEMPLETON GLOB BOND A	**	411,687	
AMER FUNDS AMER BAL R4	AMER FUNDS AMER BAL R4	**	4,194,048	
JANUS BALANCED T	JANUS BALANCED T	**	5,560,148	
T. ROWE PRICE RET INC ADV	T. ROWE PRICE RET INC ADV	**	15,059	
T. ROWE RETIREMENT 2050 ADV	T. ROWE RETIREMENT 2050 ADV	**	510,525	
T. ROWE PRCE FD2020 ADV	T. ROWE PRCE FD2020 ADV	**	561,890	
T. ROWE PRCE RT FD2030 ADV	T. ROWE PRCE RT FD2030 ADV	**	818,727	
T. ROWE PRCE RT FND2040 ADV	T. ROWE PRCE RT FND2040 ADV	**	871,145	
PUTNAM INTL EQUITY A	PUTNAM INTL EQUITY A	**	1,669,281	
OPPENHEIMER DEVELOP MKTA	OPPENHEIMER DEVELOP MKTA	**	1,286,642	
AMER FUNDS EUROPAC R4	AMER FUNDS EUROPAC R4	**	974,639	
JANUS GLOBAL TECHNOLOGY A	JANUS GLOBAL TECHNOLOGY A	**	1,054,825	
LOOMIS SAYLES GLB EQTY & INC A	LOOMIS SAYLES GLB EQTY & INC A	**	631,972	
AMER FUNDS CAPWRDGL R4	AMER FUNDS CAPWRDGL R4	**	1,496,893	
DREYFUS DISC STOCK	DREYFUS DISC STOCK	**	409,198	
DREYFUS S&P 500 INDEX	DREYFUS S&P 500 INDEX	**	3,361,998	
MFS MASS INVEST GR STK R3	MFS MASS INVEST GR STK R3	**	1,239,437	
MFS MASS INVEST TR R3	MFS MASS INVEST TR R3	**	732,104	
AMER FUNDS GROWTH FUND R4	AMER FUNDS GROWTH FUND R4	**	1,283,842	
JANUS GROWTH & INCOME T	JANUS GROWTH & INCOME T	**	1,298,716	
JANUS TWENTY T	JANUS TWENTY T	**	1,925,880	
AMER FUNDS AMER MUT R4	AMER FUNDS AMER MUT R4	**	301,231	
INVESCO DIVERS DIVIDEND INV	INVESCO DIVERS DIVIDEND INV	**	1,214,526	
DREYFUS MIDCAP INDEX	DREYFUS MIDCAP INDEX	**	3,963,045	
DREYFUS/BOST CO SM/MD CAP GR A	DREYFUS/BOST CO SM/MD CAP GR A	**	1,209,358	
PRUDENTIAL JENN HEALTH SCI A	PRUDENTIAL JENN HEALTH SCI A	**	722,981	
ALLIANCE BER DISCOVERY VALUE K	ALLIANCE BER DISCOVERY VALUE K	**	513,522	

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	
		\$	\$	
NEUBERG BER REAL ESTATE TRUST	NEUBERG BER REAL ESTATE TRUST	**	779,624	
FRANKLIN GOLD & PREC MTLs CL A	FRANKLIN GOLD & PREC MTLs CL A	**	204,900	
JANUS GLOBAL RESEARCH T	JANUS GLOBAL RESEARCH T	**	1,091,933	
WELLS FAR SPC SM CAP VAL A	WELLS FAR SPC SM CAP VAL A	**	394,889	
WELLS FARGO CORE BOND A	WELLS FARGO CORE BOND A	**	668,355	
WELLS FARGO GOVT SEC A	WELLS FARGO GOVT SEC A	**	253,051	
WELLS FARGO INCOME PLUS A	WELLS FARGO INCOME PLUS A	**	782,421	
WELLS FARGO LARGE CAP ADMN	WELLS FARGO LARGE CAP ADMN	**	86,687	
WELLS FARGO LARGE CAP GR A	WELLS FARGO LARGE CAP GR A	**	289,218	
Total Mutual Funds			46,024,729	
* Participants	Notes receivable from participants***	**	4,875,943	
Total			101,771,911	

* 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 September 2031.

Form 5500

Attachment

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

Name of plan MCG HEALTH 401(A) RETIREMENT SAVINGS PLAN			Three-digit ERISA plan number 002	
Name of plan sponsor as shown on line 2a of Form 5500 MCG HEALTH, INC.			Employer Identification Number 58-2144788	
Contract Number: 61712 Plan Number: 005				
	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value			
(a)	(b) Identity of Issue, borrower, lessor, or similar party	(d) Cost	(e) Current value	
	FIXED INTEREST OPTION			50,871,239
	ALLIANCE BER DISCOVERY VALUE K	MUTUAL FUND - ALLIANCE BER DISCOVERY VALUE K		513,522
	AMCENT INF-ADJ BOND INV	MUTUAL FUND - AMCENT INF-ADJ BOND INV		276,354
	AMER FUNDS AMER BAL R4	MUTUAL FUND - AMER FUNDS AMER BAL R4		4,194,048
	AMER FUNDS AMER MUT R4	MUTUAL FUND - AMER FUNDS AMER MUT R4		301,231
	AMER FUNDS CAPWRLDGL R4	MUTUAL FUND - AMER FUNDS CAPWRLDGL R4		1,496,893
	AMER FUNDS EUROPAC R4	MUTUAL FUND - AMER FUNDS EUROPAC R4		974,639
	AMER FUNDS GROWTH FUND R4	MUTUAL FUND - AMER FUNDS GROWTH FUND R4		1,283,842
	DREYFUS DISC STOCK	MUTUAL FUND - DREYFUS DISC STOCK		409,198
	DREYFUS MIDCAP INDEX	MUTUAL FUND - DREYFUS MIDCAP INDEX		3,963,045
	DREYFUS S&P 500 INDEX	MUTUAL FUND - DREYFUS S&P 500 INDEX		3,361,998
	DREYFUS SM CAP STK INDX	MUTUAL FUND - DREYFUS SM CAP STK INDX		2,575,125
	DREYFUS/BOST CO SM/MD CAP GR A	MUTUAL FUND - DREYFUS/BOST CO SM/MD CAP GR A		1,209,358
	FRANKLIN GOLD & PREC MTLs CL A	MUTUAL FUND - FRANKLIN GOLD & PREC MTLs CL A		204,900
	INVESCO DIVERS DIVIDEND INV	MUTUAL FUND - INVESCO DIVERS DIVIDEND INV		1,214,526
	INVESCO HIGH YIELD R5	MUTUAL FUND - INVESCO HIGH YIELD R5		276,278
	JANUS BALANCED T	MUTUAL FUND - JANUS BALANCED T		5,560,148
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	JANUS GLOBAL TECHNOLOGY A	MUTUAL FUND - JANUS GLOBAL TECHNOLOGY A		1,054,825
	JANUS GROWTH & INCOME T	MUTUAL FUND - JANUS GROWTH & INCOME T		1,298,716
	JANUS TWENTY T	MUTUAL FUND - JANUS TWENTY T		1,925,880
	JP MORGAN SMALL CAP GR A	MUTUAL FUND - JP MORGAN SMALL CAP GR A		112,575
	LOOMIS SAYLES GLB EQTY & INC A	MUTUAL FUND - LOOMIS SAYLES GLB EQTY & INC A		631,972
	MFS MASS INVEST GR STK R3	MUTUAL FUND - MFS MASS INVEST GR STK R3		1,239,437
	MFS MASS INVEST TR R3	MUTUAL FUND - MFS MASS INVEST TR R3		732,104
	NEUBERG BER REAL ESTATE TRUST	MUTUAL FUND - NEUBERG BER REAL ESTATE TRUST		779,624
	OPPENHEIMER DEVELOP MKTA	MUTUAL FUND - OPPENHEIMER DEVELOP MKTA		1,286,642
	PRUDENTIAL JENN HEALTH SCI A	MUTUAL FUND - PRUDENTIAL JENN HEALTH SCI A		722,981
	PUTNAM INTL EQUITY A	MUTUAL FUND - PUTNAM INTL EQUITY A		1,669,281
	T. ROWE RETIREMENT 2050 ADV	MUTUAL FUND - T. ROWE RETIREMENT 2050 ADV		510,525
	T. ROWE PRCE FD2020 ADV	MUTUAL FUND - T. ROWE PRCE FD2020 ADV		561,890
	T. ROWE PRCE RT FD2030 ADV	MUTUAL FUND - T. ROWE PRCE RT FD2030 ADV		818,727
	T. ROWE PRCE RT FND2040 ADV	MUTUAL FUND - T. ROWE PRCE RT FND2040 ADV		871,145
	T. ROWE PRICE RET INC ADV	MUTUAL FUND - T. ROWE PRICE RET INC ADV		15,059
	TEMPLETON GLOB BOND A	MUTUAL FUND - TEMPLETON GLOB BOND A		411,687
	WELLS FAR SPC SM CAP VAL A	MUTUAL FUND - WELLS FAR SPC SM CAP VAL A		394,889
	WELLS FARGO CORE BOND A	MUTUAL FUND - WELLS FARGO CORE BOND A		668,355
	WELLS FARGO CORE PLUS BOND A	MUTUAL FUND - WELLS FARGO GOVT SEC A		782,420
	WELLS FARGO GOVT SEC A	MUTUAL FUND - WELLS FARGO INCOME PLUS A		253,051
	WELLS FARGO LARGE CAP ADMN	MUTUAL FUND - WELLS FARGO LARGE CAP ADMN		86,687
	WELLS FARGO LARGE CAP GR A	MUTUAL FUND - WELLS FARGO LARGE CAP GR A		289,218
*	PARTICIPANT LOANS	(4.25% - 9.25%)		4,528,152



AUGUSTA
UNIVERSITY

July 2, 2018

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

Re: AU MEDICAL CENTER, INC. 401(A) RETIREMENT SAV PLAN
EIN: 58-2144788; Plan Number: 002
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

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

T (706) 721-3777
F (706) 721-7192

augusta.edu



Health

1120 15th 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. 401(a) Retirement Savings Plan
EIN: 58-2144788; Plan Number: 002
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