

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [ ] a DFE (specify) \_\_\_\_
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [x] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
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: MARIETTA HEALTH CARE PHYSICIANS, INC. 403(B) PLAN
1b Three-digit plan number (PN): 005
1c Effective date of plan: 01/01/1999
2a Plan sponsor's name (employer, if for a single-employer plan): MARIETTA HEALTH CARE PHYSICIANS, INC.
2b Employer Identification Number (EIN): 31-1375125
2c Plan Sponsor's telephone number: 740-374-4500
2d Business code (see instructions): 621111

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for T R BICK on 10/15/2025.

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

Form 5500 (2024) v. 240311

<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>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	422
<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>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	331
	<b>6a(2)</b>	352
	<b>6b</b>	0
	<b>6c</b>	93
	<b>6d</b>	445
	<b>6e</b>	0
	<b>6f</b>	445
	<b>6g(1)</b>	362
<b>6g(2)</b>	382	
<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>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2F 2G 2M 2R 2T 3D 3H

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

<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)

**a Pension Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 1
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

<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>31-4156830</b>	<b>66869</b>	<b>194-84022</b>	<b>382</b>	<b>01/01/2024</b>	<b>12/31/2024</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>3886</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  
**TRUSTMONT FINANCIAL GROUP, INC** **200 BRUSH RUN ROAD, STE A GREENSBURG, PA 15601-0000**

<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	
<b>3886</b>			<b>4</b>

**(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 .....	1810825
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	
<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> 1699913
<b>c</b>	(1) Contributions deposited during the year .....	<b>7c(1)</b> 117656
	(2) Dividends and credits.....	<b>7c(2)</b> 289
	(3) Interest credited during the year.....	<b>7c(3)</b> 34602
	(4) Transferred from separate account .....	<b>7c(4)</b> 19117
	(5) Other (specify below)..... ▶ LOAN PRINCIPAL & INTEREST	<b>7c(5)</b> 3133
	(6) Total additions .....	<b>7c(6)</b> 174797
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 1874710
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 60392
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 2316
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶ NEW LOAN	<b>7e(4)</b> 1177
(5) Total deductions .....	<b>7e(5)</b> 63885	
<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> 1810825

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<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>	0
	(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>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<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. ▶

<b>SCHEDULE C</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>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

**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

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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)

TRUSTMONT FINANCIAL GROUP, INC

200 BRUSH RUN RD SUITE A  
GREENSBURG, OH 15601

(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?
22 26 27 53 72	FINANCIAL ADVISOR	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	148285	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NATIONWIDE

ONE NATIONWIDE PLAZA  
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 33 37 49 52 59 60 63 64	RECORDKEEPER & CUSTODIAN	75326	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RAYMOND JAMES & ASSOCIATES INC

800 CARILLON PKWY  
SAINT PETERSBURG, FL 33716

(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?
22 26 50	FINANCIAL ADVISOR	54935	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

LATITUDE SERVICE COMPANY, INC.

82-1371994

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 99	TPA	13555	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	39962	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

FIDUCIARY WISE, LLC

2487 S GILBERT  
GILBERT, AZ 85295

(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?
14 50	3(16) PROVIDER	24912	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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
TRUSTMONT FINANCIAL GROUP, INC	22 26 27 53 72	148285
(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.	
MARIETTA HEALTH CARE PHYSICIANS INC  31-4379509	COMPENSATION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LATITUDE SERVICE COMPANY, INC	49 99	39962
(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.	
MARIETTA HEALTH CARE PHYSICIANS INC  31-4379509	ADMINISTRATIVE SERVICES FEE/OVERRIDE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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.

<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
<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
<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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <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>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>MARIETTA HEALTH CARE PHYSICIANS, INC. 403(B) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>005</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MARIETTA HEALTH CARE PHYSICIANS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>31-1375125</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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>	1167865
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	89
<b>(3)</b> Other .....	<b>1b(3)</b>	0
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1490740
<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>	581156
<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>	67771556
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	1810825
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	64050425	72822231
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	64050425	72822231

**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: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	375977	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	5282625	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	670336	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		6328938
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	44357	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		44357
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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)		8705700
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		15078995

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	6300187	
(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)		6300187
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)	95720	
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)		
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses .....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		95720
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		6395907

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		8683088
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		88718
(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: **CHERRY BEKAERT LLP**

(2) EIN: **56-0574444**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)		X	
<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.)		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.)		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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		2000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>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?		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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>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.)		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?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<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..... 

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 31-4156830 04-3157927

**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	
---	--

<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) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**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: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500493A.

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

**FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULE**

*As of December 31, 2024 and 2023 and  
for the Year Ended December 31, 2024*

*And Report of Independent Auditor*

**MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN**  
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NOTE: All other schedules required under Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, have been omitted because they are not applicable.

## Report of Independent Auditor

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

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the Marietta Health Care Physicians, Inc. 403(b) Plan (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan’s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s (“DOL”) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (“investment information”) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA (“qualified institution”).

Management has obtained certification from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audits and the procedures performed as described in *the Auditor’s Responsibilities for the Audit of the Financial Statements* section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the *Auditor’s Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

### **Supplemental Schedule Required by ERISA**

The supplemental schedule, Schedule of Assets (Held at End of Year) – Form 5500, Schedule, Part IV, Line 4i as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Cherry Bekaert LLP*

Louisville, Kentucky  
October 15, 2025

**MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Investments, at Fair Value:		
Money market fund	\$ 1,490,740	\$ 1,658,119
Investment contract	1,810,825	1,699,913
Mutual funds	<u>67,771,556</u>	<u>59,290,649</u>
Total Investments, at Fair Value	<u>71,073,121</u>	<u>62,648,681</u>
Receivables:		
Participant contributions	89	151,469
Employer contributions	1,167,865	792,332
Other receivable	-	6,107
Notes receivable from participants	<u>581,156</u>	<u>451,836</u>
Total Receivables	<u>1,749,110</u>	<u>1,401,744</u>
Total Assets	<u>72,822,231</u>	<u>64,050,425</u>
Net Assets Available for Benefits	<u>\$ 72,822,231</u>	<u>\$ 64,050,425</u>

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

**MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

*YEARS ENDED DECEMBER 31, 2024 AND 2023*

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Additions to net assets attributed to:	
Investment Income:	
Net appreciation in fair value of investments	\$ 8,705,700
Total Investment Income	<u>8,705,700</u>
Interest income on notes receivable from participants	<u>44,357</u>
Contributions:	
Participant	5,282,625
Employer	375,977
Others, including rollover	670,336
Total Contributions	<u>6,328,938</u>
Total Additions	<u>15,078,995</u>
Deductions from net assets attributed to:	
Benefits paid to participants	6,300,187
Administrative fees	95,720
Total Deductions	<u>6,395,907</u>
Net increase in net assets available for benefits before transfers	8,683,088
Transfers in	<u>88,718</u>
Net Increase	8,771,806
Net assets available for benefits, beginning of year	<u>64,050,425</u>
Net assets available for benefits, end of year	<u><u>\$ 72,822,231</u></u>

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

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

## NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

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### Note 1—Description of Plan

The following description of the Marietta Health Care Physicians, Inc. 403(b) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

*General* – The Plan is a defined contribution plan covering all eligible employees of Marietta Health Care Physicians, Inc. ("Plan Sponsor"). The Plan covers all employees upon date of hire, who have met certain eligibility requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

*Administration* – The Plan Sponsor has designated certain employees, who serve without additional compensation, to administer the Plan. The Plan administrator has the overall responsibility and authority as the named fiduciary to manage and control the operations and administration of the Plan and may designate one or more individuals to perform those responsibilities.

*Contributions* – Each year, participants may elect to contribute up to the maximum compensation permissible under the Internal Revenue Code ("IRC") a portion of their compensation by completing a salary reduction agreement. The Plan Sponsors may make discretionary contributions to the Plan. For the 2024 Plan year, the Plan Sponsors made a discretionary matching contribution equal to 50% of the first 6% of compensation each eligible non-highly compensated participant contributed to the Plan who was employed on the last day of the Plan year. For the 2024 Plan year, the Plan Sponsors did not make any discretionary matching contribution to highly compensated participants.

*Participant Accounts* – Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contributions, the Plan Sponsor's contributions, and an allocation of Plan investment results. Participant accounts are charged with their withdrawals and an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings, specific participant transactions or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

*Vesting* – Participants are immediately vested in their accounts.

*Investment Options* – Upon enrollment in the Plan, participants may direct the investment of their accounts into various investment options offered by the Plan. They may change their investment options among those investments provided at any time during the Plan year.

*Notes Receivable from Participants* – Participants are permitted to borrow from their individual fund balances. Participant loans can be for any purpose, classified as either a general purpose or residential purpose loan (as defined in the Plan agreement), and are limited to the lesser of \$50,000 or 50% of the vested portion of the participant's account balance. The loans are secured by the balance in the participant's account. The loan interest rate, determined quarterly, is set at 1 percent above the prime rate, as defined. Principal and interest is repaid ratably through payroll deductions.

*Payment of Benefits* – Upon termination of service or attaining normal retirement age, a participant may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account, or periodic payments not exceeding the participant's life expectancy. In-service and hardship withdrawals are also allowed as defined in the Plan agreement.

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

*Basis of Presentation* – The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

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

## NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

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### Note 2—Summary of significant accounting policies

*Use of Estimates* – The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

*Investment Valuation and Income Recognition* – The Plan's investments are reported at fair value. U.S. GAAP defines fair value as the exchange price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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 (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the Plan year.

*Investment Management Fees and Operating Expenses* – Investment management fees and operating expenses charged to the Plan for certain investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

*Notes Receivable from Participants* – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. If a participant ceases to make loan repayments and the Plan administrator deems the loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

*Payments of Benefits* – Benefits are recorded when paid. There were no benefit payments requested and not yet disbursed at December 31, 2024 and 2023.

*Administrative Expenses* – Administrative expenses of the Plan are paid by the Company or Plan participants, as defined in the Plan agreement.

### Note 3—Information certified by the qualified institution (unaudited)

The Plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, FSB, a division of Nationwide bank ("Nationwide"), a qualified institution, has certified to the completeness and accuracy of the following data included in the accompanying financial statements and supplemental schedule.

- Investments at fair value as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023.
- Net appreciation in fair value of investment as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2024.
- Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i as of December 31, 2024.

At the request of the Plan administrator, the Plan's independent auditor did not perform auditing procedures with respect to this certified information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

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

## NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

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### Note 4—Fair value measurements

U.S. GAAP provides 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. The hierarchy gives the 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 are described as follows:

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

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

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

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

The following are descriptions of the valuation methodologies used for investments measured at fair value, including the general classification of such assets pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2024 and 2023.

*Money Market and Mutual Funds* – Valued at the daily closing price as reported by the fund. The money market and mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their net asset value (“NAV”) and to transact at that price. The money market and mutual funds held by the Plan are deemed to be actively traded and are therefore classified within Level 1 of the valuation hierarchy.

*Insurance General Account Investment Contracts* – Valued based on terms specified in the contracts. The contracts are credited with declared rates of interest and are subject to a minimum rate described in the contract. At December 31, 2024 and 2023, the fair value of these contracts approximated contract value and are classified within Level 3 of the valuation hierarchy. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses. The contracts are not fully benefit-responsive due to restrictions on the initiation of certain transactions in the contracts.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**

DECEMBER 31, 2024 AND 2023

**Note 4—Fair value measurements (continued)**

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis at December 31, 2024 and 2023:

<b>Assets at Fair Value as of December 31, 2024</b>				
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Money market fund	\$ 1,490,740	\$ -	\$ -	\$ 1,490,740
Investment contract	-	-	1,810,825	1,810,825
Mutual funds	67,771,556	-	-	67,771,556
Investments, at fair value	<u>\$ 69,262,296</u>	<u>\$ -</u>	<u>\$ 1,810,825</u>	<u>\$ 71,073,121</u>

  

<b>Assets at Fair Value as of December 31, 2023</b>				
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Money market fund	\$ 1,658,119	\$ -	\$ -	\$ 1,658,119
Investment contract	-	-	1,699,913	1,699,913
Mutual funds	59,290,649	-	-	59,290,649
Investments, at fair value	<u>\$ 60,948,768</u>	<u>\$ -</u>	<u>\$ 1,699,913</u>	<u>\$ 62,648,681</u>

The Plan's policy is to recognize transfers, if any, between levels as of the actual date of the event or change in circumstances. There were no transfers between hierarchy levels during 2024 and 2023.

Purchases of Level 3 assets during the Plan year ended December 31, 2024 were \$117,656. There were no issuances, transfers in or transfers out of Level 3 assets during the Plan year ended December 31, 2024.

Purchases of Level 3 assets during the Plan year ended December 31, 2023 were \$173,992. There were no issuances, transfers in or transfers out of Level 3 assets during the Plan year ended December 31, 2023.

**Note 5—Insurance investment contract**

The Plan has entered into a non-benefit-responsive investment contract with Nationwide. Nationwide maintains the investments in a general non allocated fixed account. This account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at fair value which was reported to the Plan by Nationwide. The contract's average yield was 2.01% and 1.81% for 2024 and 2023, respectively, and the crediting interest rate as of December 31, 2024 and 2023 was 2.01% and 1.81%, respectively. Crediting interest rates are determined daily by dividing earned income for the day by the new contract value.

**Note 6—Related party and party-in-interest transactions**

Certain administrative services are provided by the Company at no cost to the Plan and certain administrative costs incurred by the Plan are paid by the Company. The Plan has entered into various service agreements with parties-in-interest. It invests in mutual funds, money market fund, and a guaranteed investment contract managed by Nationwide, the custodian of the Plan. These transactions as well as notes receivable from participants and related activity qualify as party-in-interest.

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

## NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

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### **Note 7—Plan termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

### **Note 8—Income tax status**

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

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### **Note 9—Risks and uncertainties**

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect participant account balances and the amounts reported in the financial statements.

### **Note 10—Subsequent events**

The Plan has evaluated all subsequent events through October 15, 2025, which is the date these financial statements were available to be issued and has determined there are no subsequent events that require disclosure.

**SUPPLEMENTAL SCHEDULE**

**MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**FORM 5500, SCHEDULE H, PART IV, LINE 4i**  
**EIN: 31-1375125 PLAN NUMBER: 005**

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Nationwide Fixed Account	Guaranteed investment contract	***	\$ 1,810,825
*	Nationwide Money Market Fund Inst.	Money market fund	**	1,490,740
	<b>Mutual Funds:</b>			
	AmBcn Large Cap Value Fund	Registered investment company	**	127,931
	Abrden Gbl Eq A	Registered investment company	**	1,144
	AmCen Equity Income Fund	Registered investment company	**	113,049
	AmCen Mid Cap Value Fund	Registered investment company	**	138,798
	AmFnds AMCAP Fund	Registered investment company	**	100,684
	American Funds American Balanced Fund Class R6	Registered investment company	**	1,325
	AmFnds Cap. World Growth & Income Fund Class R-3	Registered investment company	**	177,620
	AmFnds Cap. World Growth & Income Fund Class R-6	Registered investment company	**	35,391
	AmFnds EuroPacific Growth Fund	Registered investment company	**	92,381
	AmFnds Fundamental Investors	Registered investment company	**	44,046
	AmFnds Global Balanced Fund Class	Registered investment company	**	57,391
	AmFnds New Economy Fund	Registered investment company	**	41,473
	AmFnds New Perspective Fund	Registered investment company	**	98,793
	AmFnds SmallCap World Fund	Registered investment company	**	53,151
	AmFnds The Growth Fund of America	Registered investment company	**	67,136
	AMG River Road Mid Cap Fund	Registered investment company	**	121,617
	Baron Emerging Market Institutional	Registered investment company	**	2,980
	Baron Partners Fund	Registered investment company	**	195,584
	Baron Real Est Institutional	Registered investment company	**	18,399
	BlackRock Global Allocation Fund, Inc.	Registered investment company	**	58,121
	BlackRock Health Sciences Opportunities Port	Registered investment company	**	66,921
	BlackRock High Yield Bond Portfolio	Registered investment company	**	87,354
	DFA Emerging Markets Core Equity Portfolio	Registered investment company	**	16,901
	DFA Short-Term Government Portfolio	Registered investment company	**	31,058
	DFA U.S. Core Equity II Portfolio	Registered investment company	**	37,201
	DFA U.S. Small Cap Portfolio	Registered investment company	**	23,848
	Diamond Hill Small Cap Fund	Registered investment company	**	8,564
	DWS CROCI U.S. Fund	Registered investment company	**	117,024
	DWS Enhanced Commodity Strategy Fund	Registered investment company	**	17,172
	DWS High Income Fund	Registered investment company	**	7,640
	Eaton Vance Dividend Builder Fund	Registered investment company	**	18,095
	Federated Kaufmann Small Cap Fund Class A	Registered investment company	**	68,521
	Fidelity Advisor Freedom 2035 Fund	Registered investment company	**	92,216
	Fidelity Advisor Freedom 2040 Fund	Registered investment company	**	94,110
	Fidelity Advisor Freedom 2055 Fund	Registered investment company	**	156,523
	Fidelity Advisor Strategic Income Fund	Registered investment company	**	41,134
	Fidelity 500 Index Fund	Registered investment company	**	209,018

**MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**FORM 5500, SCHEDULE H, PART IV, LINE 4i**  
**EIN: 31-1375125 PLAN NUMBER: 005**

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	<b>Mutual Funds (continued):</b>			
	Fidelity Mid Cap Index Fund	Registered investment company	**	\$ 4,488
	Fidelity Small Cap Index Fund	Registered investment company	**	2,059
	Fidelity Total Market Index Fund	Registered investment company	**	123,331
	Franklin Gold and Precious Metals Adv	Registered investment company	**	14,102
	Franklin Templeton Emerging Mkt Small Cap Class A	Registered investment company	**	7,971
	FPA Crescent Fund	Registered investment company	**	163,702
	Gabelli Gold Fund Class I	Registered investment company	**	12,614
	Hw Mdcap Val A	Registered investment company	**	34,466
	Invesco EQV Emerging Markets All Cap Fund	Registered investment company	**	113,201
	Invesco Gold and Special Minerals Fund	Registered investment company	**	11,108
	Invesco International Bond Fund Class A	Registered investment company	**	49,964
	De Ivy Science and Technology Fund	Registered investment company	**	546,209
	Janus Henderson Balanced Fund	Registered investment company	**	60,219
	JPMorgan Core Plus Bond	Registered investment company	**	57,274
	JPMorgan Small Cap Equity Fund	Registered investment company	**	50,355
	JPMorgan Small Cap Growth Fund	Registered investment company	**	31,373
	Lord Abbett Bond-Debenture Fund	Registered investment company	**	69,451
	Lord Abbett Developing Growth Fund	Registered investment company	**	11,206
	Metropolitan West Total Return Bond Fund	Registered investment company	**	199,619
	M FS Utilities Fund Class	Registered investment company	**	63,317
*	Nationwide Bond Index Fund	Registered investment company	**	1,008,624
*	Nationwide Destination 2025 Fund	Registered investment company	**	1,436,920
*	Nationwide Destination 2030 Fund	Registered investment company	**	984,403
*	Nationwide Destination 2035 Fund	Registered investment company	**	3,144,582
*	Nationwide Destination 2040 Fund	Registered investment company	**	2,165,752
*	Nationwide Destination 2045 Fund	Registered investment company	**	2,974,710
*	Nationwide Destination 2050 Fund	Registered investment company	**	3,582,298
*	Nationwide Destination 2055 Fund	Registered investment company	**	2,495,688
*	Nationwide Destination 2060 Fund Class R6	Registered investment company	**	591,913
*	Nationwide Destination 2065 Fund Class R6	Registered investment company	**	1,792
*	Nationwide Destination Ret Fund	Registered investment company	**	658,866
*	Nationwide International Index Fund	Registered investment company	**	2,939,148
*	Nationwide Investor Dest Aggressive Fund	Registered investment company	**	960,924
*	Nationwide Investor Dest Mod Con Fund	Registered investment company	**	1,490,288
*	Nationwide Investor Dest Moderate Fund	Registered investment company	**	1,386,242
*	Nationwide Mid Cap Market Index Fund	Registered investment company	**	668,590
*	Nationwide S&P 500 Index	Registered investment company	**	7,458,871
*	Nationwide Small Cap Index Fund	Registered investment company	**	1,166,906

**MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**FORM 5500, SCHEDULE H, PART IV, LINE 4i**  
**EIN: 31-1375125 PLAN NUMBER: 005**

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	<b>Mutual Funds (continued):</b>			
	PIMCO Low Duration Fund Institutional Class	Registered investment company	**	\$ 115,627
	PIMCO Total Return Fund Institutional Class	Registered investment company	**	245,665
	PrimeCap Odyssey Growth Fund	Registered investment company	**	43,012
	Royce Special Equity Fund Investment Class	Registered investment company	**	24,643
	Rydex Electronics Fund Class H	Registered investment company	**	30,180
	T. Rowe Price Capital Appreciation Fund	Registered investment company	**	277,872
	T. Rowe Price Dividend Growth Fund I Class	Registered investment company	**	40,338
	T. Rowe Price Growth Stock Fund	Registered investment company	**	105,084
	T. Rowe Price Health Sciences Fund	Registered investment company	**	59,495
	T. Rowe Price Small-Cap Value Fund	Registered investment company	**	66,445
	Touchstone Sands Capital Emerging Mkt Growth Fund	Registered investment company	**	2,087
	Vngrd 500 Index Fund	Registered investment company	**	856,379
	Vngrd Balanced Index Admiral	Registered investment company	**	14,488
	Vngrd Consumer Staples Index Fund Class Admiral	Registered investment company	**	35,819
	Vngrd Developed Markets Index Fund	Registered investment company	**	26,972
	Vngrd Dividend Appreciation Index Fund Admiral	Registered investment company	**	9,337
	Vngrd Dividend Growth Fund	Registered investment company	**	332,750
	Vngrd Emerging Markets Stock Index Fund	Registered investment company	**	736,177
	Vngrd Energy Fund Admiral Shares	Registered investment company	**	65,653
	Vngrd Equity-Income Fund Investor Shares	Registered investment company	**	154,670
	Vngrd European Stock Index Admiral Shares	Registered investment company	**	2,786
	Vngrd Explorer Fund Admiral	Registered investment company	**	4,042
	Vngrd Extended Market Index Fund Admiral	Registered investment company	**	5,977
	Vngrd Growth Index Fund	Registered investment company	**	8,339,432
	Vngrd Health Care Fund Admiral Shares	Registered investment company	**	141,589
	Vngrd Health Care Index Admiral	Registered investment company	**	1,202
	Vngrd High-Yield Corporate Fund	Registered investment company	**	1,092,800
	Vngrd Inflation-Protection Securities Fund	Registered investment company	**	409,928
	Vngrd International Explorer Fund	Registered investment company	**	420,240
	Vngrd International Growth Fund Adm. Shares	Registered investment company	**	52,145
	Vngrd Mid-Cap Growth Index Fund Adm. Shares	Registered investment company	**	2,142,694
	Vngrd Mid-Cap Index Fund	Registered investment company	**	69,912
	Vngrd Mid-Cap Value Index Fund	Registered investment company	**	2,391,769
	Vngrd Pacific Stock Index Admiral Shares	Registered investment company	**	1,403

**MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**FORM 5500, SCHEDULE H, PART IV, LINE 4i**  
**EIN: 31-1375125 PLAN NUMBER: 005**

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	<b>Mutual Funds (continued):</b>			
	Vngrd Real Estate Index Fund Admiral Shares	Registered investment company	**	\$ 661,896
	Vngrd Selected Value Fund Investor Shares	Registered investment company	**	66,873
	Vngrd Short-Term Bond Index Adml Fund	Registered investment company	**	5,804
	Vngrd Short-Term Corporate Bond Index Admiral Shares	Registered investment company	**	9,376
	Vngrd Short-Term Federal Fund	Registered investment company	**	31,274
	Vngrd Small Cap Index Fund	Registered investment company	**	146,992
	Vngrd Small Cap Value Index Fund	Registered investment company	**	1,666,119
	Vngrd Small-Cap Growth Index Fund Adm.	Registered investment company	**	1,791,285
	Vngrd Star Fund Investor Shares	Registered investment company	**	31,189
	Vngrd Strategic Small-Cap Equity Fund	Registered investment company	**	16,315
	Vngrd Total Bond Market Index Fund	Registered investment company	**	41,233
	Vngrd Total International Bond Index	Registered investment company	**	1,682,264
	Vngrd Total Stock Market Index Fund	Registered investment company	**	878,292
	Vngrd Total World Stock Index Admiral Shares	Registered investment company	**	101,326
	Vngrd Value Index Fund	Registered investment company	**	2,644,714
	Vngrd US Growth Fund Adml	Registered investment company	**	86,995
	Vngrd WIngtn Admiral	Registered investment company	**	9,444
	Victory Sycamore Small Company Oppr Fund	Registered investment company	**	61,481
	Virtus Duff & Phelps Real Estate Securities Fund	Registered investment company	**	66,965
	Allspring Emerging Markets Equity Fund	Registered investment company	**	40,227
	Allspring Precious Metals Fund	Registered investment company	**	25,366
	William Blair Emerging Mkt Growth Fund	Registered investment company	**	4,654
				<u>67,771,556</u>
*	<b>Notes Receivable from Participants</b>	Loans to participants, various maturities, interest rates ranging 4.25% to 9.50%		<u>581,156</u>
				<u>\$ 71,654,277</u>

\* Indicates parties-in-interest to the Plan.

\*\* All investments are participant directed; therefore, historical cost information is not required.

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

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

**MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**FORM 5500, SCHEDULE H, PART IV, LINE 4i**  
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DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Nationwide Fixed Account	Guaranteed investment contract	***	\$ 1,810,825
*	Nationwide Money Market Fund Inst.	Money market fund	**	1,490,740
	<b>Mutual Funds:</b>			
	AmBcn Large Cap Value Fund	Registered investment company	**	127,931
	Abrden Glbl Eq A	Registered investment company	**	1,144
	AmCen Equity Income Fund	Registered investment company	**	113,049
	AmCen Mid Cap Value Fund	Registered investment company	**	138,798
	AmFnds AMCAP Fund	Registered investment company	**	100,684
	American Funds American Balanced Fund Class R6	Registered investment company	**	1,325
	AmFnds Cap. World Growth & Income Fund Class R-3	Registered investment company	**	177,620
	AmFnds Cap. World Growth & Income Fund Class R-6	Registered investment company	**	35,391
	AmFnds EuroPacific Growth Fund	Registered investment company	**	92,381
	AmFnds Fundamental Investors	Registered investment company	**	44,046
	AmFnds Global Balanced Fund Class	Registered investment company	**	57,391
	AmFnds New Economy Fund	Registered investment company	**	41,473
	AmFnds New Perspective Fund	Registered investment company	**	98,793
	AmFnds SmallCap World Fund	Registered investment company	**	53,151
	AmFnds The Growth Fund of America	Registered investment company	**	67,136
	AMG River Road Mid Cap Fund	Registered investment company	**	121,617
	Baron Emerging Market Institutional	Registered investment company	**	2,980
	Baron Partners Fund	Registered investment company	**	195,584
	Baron Real Est Institutional	Registered investment company	**	18,399
	BlackRock Global Allocation Fund, Inc.	Registered investment company	**	58,121
	BlackRock Health Sciences Opportunities Port	Registered investment company	**	66,921
	BlackRock High Yield Bond Portfolio	Registered investment company	**	87,354
	DFA Emerging Markets Core Equity Portfolio	Registered investment company	**	16,901
	DFA Short-Term Government Portfolio	Registered investment company	**	31,058
	DFA U.S. Core Equity II Portfolio	Registered investment company	**	37,201
	DFA U.S. Small Cap Portfolio	Registered investment company	**	23,848
	Diamond Hill Small Cap Fund	Registered investment company	**	8,564
	DWS CROCI U.S. Fund	Registered investment company	**	117,024
	DWS Enhanced Commodity Strategy Fund	Registered investment company	**	17,172
	DWS High Income Fund	Registered investment company	**	7,640
	Eaton Vance Dividend Builder Fund	Registered investment company	**	18,095
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	Fidelity Advisor Freedom 2040 Fund	Registered investment company	**	94,110
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	Fidelity 500 Index Fund	Registered investment company	**	209,018

**MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**FORM 5500, SCHEDULE H, PART IV, LINE 4i**  
**EIN: 31-1375125 PLAN NUMBER: 005**

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	<b>Mutual Funds (continued):</b>			
	Fidelity Mid Cap Index Fund	Registered investment company	**	\$ 4,488
	Fidelity Small Cap Index Fund	Registered investment company	**	2,059
	Fidelity Total Market Index Fund	Registered investment company	**	123,331
	Franklin Gold and Precious Metals Adv	Registered investment company	**	14,102
	Franklin Templeton Emerging Mkt Small Cap Class A	Registered investment company	**	7,971
	FPA Crescent Fund	Registered investment company	**	163,702
	Gabelli Gold Fund Class I	Registered investment company	**	12,614
	Hw Mdcap Val A	Registered investment company	**	34,466
	Invesco EQV Emerging Markets All Cap Fund	Registered investment company	**	113,201
	Invesco Gold and Special Minerals Fund	Registered investment company	**	11,108
	Invesco International Bond Fund Class A	Registered investment company	**	49,964
	De Ivy Science and Technology Fund	Registered investment company	**	546,209
	Janus Henderson Balanced Fund	Registered investment company	**	60,219
	JPMorgan Core Plus Bond	Registered investment company	**	57,274
	JPMorgan Small Cap Equity Fund	Registered investment company	**	50,355
	JPMorgan Small Cap Growth Fund	Registered investment company	**	31,373
	Lord Abbett Bond-Debenture Fund	Registered investment company	**	69,451
	Lord Abbett Developing Growth Fund	Registered investment company	**	11,206
	Metropolitan West Total Return Bond Fund	Registered investment company	**	199,619
	M FS Utilities Fund Class	Registered investment company	**	63,317
*	Nationwide Bond Index Fund	Registered investment company	**	1,008,624
*	Nationwide Destination 2025 Fund	Registered investment company	**	1,436,920
*	Nationwide Destination 2030 Fund	Registered investment company	**	984,403
*	Nationwide Destination 2035 Fund	Registered investment company	**	3,144,582
*	Nationwide Destination 2040 Fund	Registered investment company	**	2,165,752
*	Nationwide Destination 2045 Fund	Registered investment company	**	2,974,710
*	Nationwide Destination 2050 Fund	Registered investment company	**	3,582,298
*	Nationwide Destination 2055 Fund	Registered investment company	**	2,495,688
*	Nationwide Destination 2060 Fund Class R6	Registered investment company	**	591,913
*	Nationwide Destination 2065 Fund Class R6	Registered investment company	**	1,792
*	Nationwide Destination Ret Fund	Registered investment company	**	658,866
*	Nationwide International Index Fund	Registered investment company	**	2,939,148
*	Nationwide Investor Dest Aggressive Fund	Registered investment company	**	960,924
*	Nationwide Investor Dest Mod Con Fund	Registered investment company	**	1,490,288
*	Nationwide Investor Dest Moderate Fund	Registered investment company	**	1,386,242
*	Nationwide Mid Cap Market Index Fund	Registered investment company	**	668,590
*	Nationwide S&P 500 Index	Registered investment company	**	7,458,871
*	Nationwide Small Cap Index Fund	Registered investment company	**	1,166,906

**MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**FORM 5500, SCHEDULE H, PART IV, LINE 4i**  
**EIN: 31-1375125 PLAN NUMBER: 005**

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	<b>Mutual Funds (continued):</b>			
	PIMCO Low Duration Fund Institutional Class	Registered investment company	**	\$ 115,627
	PIMCO Total Return Fund Institutional Class	Registered investment company	**	245,665
	PrimeCap Odyssey Growth Fund	Registered investment company	**	43,012
	Royce Special Equity Fund Investment Class	Registered investment company	**	24,643
	Rydex Electronics Fund Class H	Registered investment company	**	30,180
	T. Rowe Price Capital Appreciation Fund	Registered investment company	**	277,872
	T. Rowe Price Dividend Growth Fund I Class	Registered investment company	**	40,338
	T. Rowe Price Growth Stock Fund	Registered investment company	**	105,084
	T. Rowe Price Health Sciences Fund	Registered investment company	**	59,495
	T. Rowe Price Small-Cap Value Fund	Registered investment company	**	66,445
	Touchstone Sands Capital Emerging Mkt Growth Fund	Registered investment company	**	2,087
	Vngrd 500 Index Fund	Registered investment company	**	856,379
	Vngrd Balanced Index Admiral	Registered investment company	**	14,488
	Vngrd Consumer Staples Index Fund Class Admiral	Registered investment company	**	35,819
	Vngrd Developed Markets Index Fund	Registered investment company	**	26,972
	Vngrd Dividend Appreciation Index Fund Admiral	Registered investment company	**	9,337
	Vngrd Dividend Growth Fund	Registered investment company	**	332,750
	Vngrd Emerging Markets Stock Index Fund	Registered investment company	**	736,177
	Vngrd Energy Fund Admiral Shares	Registered investment company	**	65,653
	Vngrd Equity-Income Fund Investor Shares	Registered investment company	**	154,670
	Vngrd European Stock Index Admiral Shares	Registered investment company	**	2,786
	Vngrd Explorer Fund Admiral	Registered investment company	**	4,042
	Vngrd Extended Market Index Fund Admiral	Registered investment company	**	5,977
	Vngrd Growth Index Fund	Registered investment company	**	8,339,432
	Vngrd Health Care Fund Admiral Shares	Registered investment company	**	141,589
	Vngrd Health Care Index Admiral	Registered investment company	**	1,202
	Vngrd High-Yield Corporate Fund	Registered investment company	**	1,092,800
	Vngrd Inflation-Protection Securities Fund	Registered investment company	**	409,928
	Vngrd International Explorer Fund	Registered investment company	**	420,240
	Vngrd International Growth Fund Adm. Shares	Registered investment company	**	52,145
	Vngrd Mid-Cap Growth Index Fund Adm. Shares	Registered investment company	**	2,142,694
	Vngrd Mid-Cap Index Fund	Registered investment company	**	69,912
	Vngrd Mid-Cap Value Index Fund	Registered investment company	**	2,391,769
	Vngrd Pacific Stock Index Admiral Shares	Registered investment company	**	1,403

**MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**FORM 5500, SCHEDULE H, PART IV, LINE 4i**  
**EIN: 31-1375125 PLAN NUMBER: 005**

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	<b>Mutual Funds (continued):</b>			
	Vngrd Real Estate Index Fund Admiral Shares	Registered investment company	**	\$ 661,896
	Vngrd Selected Value Fund Investor Shares	Registered investment company	**	66,873
	Vngrd Short-Term Bond Index Adml Fund	Registered investment company	**	5,804
	Vngrd Short-Term Corporate Bond Index Admiral Shares	Registered investment company	**	9,376
	Vngrd Short-Term Federal Fund	Registered investment company	**	31,274
	Vngrd Small Cap Index Fund	Registered investment company	**	146,992
	Vngrd Small Cap Value Index Fund	Registered investment company	**	1,666,119
	Vngrd Small-Cap Growth Index Fund Adm.	Registered investment company	**	1,791,285
	Vngrd Star Fund Investor Shares	Registered investment company	**	31,189
	Vngrd Strategic Small-Cap Equity Fund	Registered investment company	**	16,315
	Vngrd Total Bond Market Index Fund	Registered investment company	**	41,233
	Vngrd Total International Bond Index	Registered investment company	**	1,682,264
	Vngrd Total Stock Market Index Fund	Registered investment company	**	878,292
	Vngrd Total World Stock Index Admiral Shares	Registered investment company	**	101,326
	Vngrd Value Index Fund	Registered investment company	**	2,644,714
	Vngrd US Growth Fund Adml	Registered investment company	**	86,995
	Vngrd WIngtn Admiral	Registered investment company	**	9,444
	Victory Sycamore Small Company Oppr Fund	Registered investment company	**	61,481
	Virtus Duff & Phelps Real Estate Securities Fund	Registered investment company	**	66,965
	Allspring Emerging Markets Equity Fund	Registered investment company	**	40,227
	Allspring Precious Metals Fund	Registered investment company	**	25,366
	William Blair Emerging Mkt Growth Fund	Registered investment company	**	4,654
				<u>67,771,556</u>
*	<b>Notes Receivable from Participants</b>	Loans to participants, various maturities, interest rates ranging 4.25% to 9.50%		<u>581,156</u>
				<u>\$ 71,654,277</u>

\* Indicates parties-in-interest to the Plan.

\*\* All investments are participant directed; therefore, historical cost information is not required.

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

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