

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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ 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:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>ADENA HEALTH SYSTEM TAX DEFERRED ANNUITY/MATCHED SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>004</u>
		1c Effective date of plan	<u>01/01/1998</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	<u>ADENA HEALTH SYSTEM, INC.</u>		
		2b Employer Identification Number (EIN)	<u>31-4379443</u>
		2c Plan Sponsor's telephone number	<u>740-779-7313</u>
<u>272 HOSPITAL ROAD</u> <u>CHILLICOTHE, OH 45601</u>		2d Business code (see instructions)	<u>622000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	TRACY CUNNINGHAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 4023
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 2748
a(2) Total number of active participants at the end of the plan year	6a(2) 2809
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 1341
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 4150
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 4150
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 3954
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 73
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2M	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2014 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan ADENA HEALTH SYSTEM TAX DEFERRED ANNUITY/MATCHED SAVINGS PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 ADENA HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 31-4379443	

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.
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1 Coverage Information:

(a) Name of insurance carrier

VARIABLE ANNUITY LIFE INS CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	45251	1522	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
3224	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

ROESCH, MARTIN J
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2912			3

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

HYNEMAN, ROBERT A.
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
228			3

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2014
v. 140124

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

KOLLER, DEAN T

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
47			3

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

BECHANT, NEAL R

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19			3

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

DAVIDSON, JOHN (ANDY)

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18			3

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	7541829
5 Current value of plan's interest under this contract in separate accounts at year end	5	20886362

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	7862953
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c Additions: (1) Contributions deposited during the year	7c(1)	59	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	201960	
(4) Transferred from separate account	7c(4)	367081	
(5) Other (specify below)	7c(5)		

(6) Total additions

7c(6) 569100

d Total of balance and additions (add lines 7b and 7c(6))	7d	8432053
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	764376	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	125123	
(4) Other (specify below)	7e(4)	725	

▶ **CONTRACT SURRENDER CHARGES**

(5) Total deductions

7e(5) 890224

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	7541829
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan ADENA HEALTH SYSTEM TAX DEFERRED ANNUITY/MATCHED SAVINGS PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 ADENA HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 31-4379443	

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.
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1 Coverage Information:

(a) Name of insurance carrier VARIABLE ANNUITY LIFE INS CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	45251	3015	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 7098996**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 5914419**c** Additions: (1) Contributions deposited during the year **7c(1)** 1276206(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 144270(4) Transferred from separate account **7c(4)** 188711(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 1609187**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 7523606**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 349523(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)** 69094(4) Other (specify below) **7e(4)** 5993▶ **CONTRACT SURRENDER CHARGES**(5) Total deductions **7e(5)** 424610**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 7098996

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>ADENA HEALTH SYSTEM TAX DEFERRED ANNUITY/MATCHED SAVINGS PLAN</u>	B Three-digit plan number (PN) <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ADENA HEALTH SYSTEM, INC.</u>	D Employer Identification Number (EIN) <u>31-4379443</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VARIABLE ANNUITY LIFE INS CO.

74-1625348

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

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

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

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

VARIABLE ANNUITY LIFE INS CO.

74-1625348

(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?
26 37 66 28 52 19 29 33 49 59 64 72 99 60 63 50	NO RELATIONSHIP	22899	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

VALIC RETIREMENT SERVICES CO.

51-0396365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
65 26 37 19 28 29 33 49 52 59 60 61 63 64 72 99	NO RELATIONSHIP	171622	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>ADENA HEALTH SYSTEM TAX DEFERRED ANNUITY/MATCHED SAVINGS PLAN</u>		B Three-digit plan number (PN) <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ADENA HEALTH SYSTEM, INC.</u>		D Employer Identification Number (EIN) <u>31-4379443</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	929600	1020210
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	51558711	58070179
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	13777372	14640825
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	66265683	73731214

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	66265683	73731214
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	7814708	
(C) Others (including rollovers)	2a(1)(C)	237912	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8052620
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	33649	
(F) Other	2b(1)(F)	346230	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		379879
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1618597	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1618597
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2013407
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		12064503

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4371493	
(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)		4371493
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		38233
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	189246	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		189246
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4598972

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7465531
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: PLANTE MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

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

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan ADENA HEALTH SYSTEM TAX DEFERRED ANNUITY/MATCHED SAVINGS PLAN				B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 ADENA HEALTH SYSTEM, INC.				D Employer Identification Number (EIN) 31-4379443	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 76-0519990					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.					
Schedule R (Form 5500) 2014 v. 140124					

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Adena Tax Deferred Annuity/ Match Savings Plan

**Financial Report
December 31, 2014**

Adena Tax Deferred Annuity/Match Savings Plan

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Independent Auditor's Report

To the Audit Committee
Adena Tax Deferred Annuity/Match Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Adena Tax Deferred Annuity/Match Savings Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2014 and 2013 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Variable Annuity Life Insurance Company (VALIC) and AIG Federal Savings Bank (AIG) (collectively, the "Trustees"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustees hold the Plan's investment assets and participant notes receivable and execute related transactions. The plan administrator has obtained certifications from the Trustees as of and for the years ended December 31, 2014 and 2013 that the information provided to the plan administrator by VALIC, including information provided on behalf of AIG, is complete and accurate.

To the Audit Committee
Adena Tax Deferred Annuity/Match Savings Plan

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Emphasis of Matter

As explained in Note 6, the financial statements include investments valued at approximately \$15,900,000 (21 percent of net assets) at December 31, 2014 and \$14,900,000 (22 percent of net assets) at December 31, 2013, whose fair values have been estimated by management in the absence of readily determinable market values. Management's estimates are based on information provided by VALIC. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule of assets held at end of year as of December 31, 2014 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matters described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Morse, PLLC

Columbus, Ohio
September 28, 2015

Adena Tax Deferred Annuity/Match Savings Plan

Statement of Net Assets Available for Benefits

	December 31, 2014	December 31, 2013
Assets		
Participant-directed investments:		
Mutual funds	\$ 38,517,196	\$ 31,460,239
Variable separate accounts	19,552,983	20,098,472
Unallocated insurance contracts	15,915,115	14,910,152
Total participant-directed investments	73,985,294	66,468,863
Participant notes receivable	482,362	311,967
Net Assets Reflecting All Investments at Fair Value	74,467,656	66,780,830
Adjustments from Fair Value to Contract Value for Fully Benefit-responsive Investment Contracts	59,088	259,024
Net Assets Available for Benefits	\$ 74,526,744	\$ 67,039,854

Adena Tax Deferred Annuity/Match Savings Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2014	December 31, 2013
Additions to Net Assets		
Contributions:		
Employee	\$ 7,814,708	\$ 7,147,391
Rollovers	237,912	248,156
Total contributions	8,052,620	7,395,547
Investment income:		
Interest and dividends	2,021,449	1,809,629
Net realized and unrealized gains on investments:		
Mutual funds	736,186	4,138,642
Variable separate accounts	1,277,221	4,286,052
Net realized and unrealized gains	2,013,407	8,424,694
Total investment income	4,034,856	10,234,323
Other additions - Interest from participant notes receivable	15,662	8,240
Total additions	12,103,138	17,638,110
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	4,427,998	3,648,306
Administrative expenses	188,250	142,441
Total deductions	4,616,248	3,790,747
Net Increase	7,486,890	13,847,363
Net Assets Available for Benefits		
Beginning of year	67,039,854	53,192,491
End of year	\$ 74,526,744	\$ 67,039,854

Adena Tax Deferred Annuity/Match Savings Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 1 - Plan Description

The following description of Adena Tax Deferred Annuity/Match Savings 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 contributory defined contribution plan established January 1, 1998 and restated as of July 1, 2004 covering all employees of the Plan's sponsor, Adena Health System (the "Hospital"). The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - The Plan provides for employee salary contributions subject to maximum tax-deferred limitations established by the Internal Revenue Code. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan. Contributions to the Plan are invested as directed by the participant in any one or more investment alternatives.

Participant Accounts - Variable Annuity Life Insurance Company (VALIC) and AIG Federal Savings Bank (AIG) (collectively, the "Trustees") maintain individual accounts for each participant for the deposit of contributions and earnings thereon. Earnings and plan expenses on plan assets are distributed based upon the participant's pro-rata share of the total account balances.

Participant Notes Receivable - Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50 percent of their account balance, whichever is less, as prescribed in the Plan and in the Internal Revenue Code. Participant notes receivable are collateralized by the participant's account balance and bear interest at a market rate.

Plan Loans - Participants may borrow a minimum of \$1,000 up to a maximum of \$50,000 or 50 percent of their account balance, whichever is less, from Variable Life Insurance Company (VALIC), a trustee of the Plan, using invested funds as collateral for the loan. VALIC transfers an amount equal to the original principal of the loan into the loan collateral account and amounts equal to the first quarter of interest due and potential surrender charges into the loan escrow account. The loan collateral account and the loan escrow account are invested in the VALIC Fixed Account Plus investment option. The participant's account is not reduced; collateral is released to the participant-controlled investments as loan payments are made. Loans bear interest at market rates. The amount of these outstanding loans was \$1,333,378 and \$1,391,804 at December 31, 2014 and 2013, respectively. These loans are not included as assets in the accompanying financial statements. At December 31, 2014 and 2013, \$795,530 and \$774,171, respectively, of the plan loan balances were in default (see Note 4).

Vesting - An employee eligible to participate in the Plan is immediately vested in his or her contributions.

Adena Tax Deferred Annuity/Match Savings Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 1 - Plan Description (Continued)

Benefit Payments - Upon termination of employment, a participant, or in case of death, the beneficiary or surviving spouse, may elect to receive the participant's account balance in a single lump sum or in various installment annuities.

Termination - While it has not expressed any intent to do so, the Hospital has the right to terminate the Plan subject to the provisions set forth in the plan document and ERISA.

Administration - The Hospital is the sponsor of the Plan. The pension committee, as provided in the plan agreement, is the plan administrator and has responsibility for the administration of the Plan. VALIC and AIG function as the trustees and the investment managers. Investment management fees and trustees fees are paid by the Plan in accordance with the plan agreement.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by VALIC, AIG, or their affiliates. VALIC and AIG are the trustees of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are stated at fair value, except as noted below. The VALIC Fixed Interest and Fixed Account Plus accounts are fully benefit-responsive insurance contracts and are valued at contract value. Contract value represents investments at cost plus accrued interest income less amounts withdrawn to pay benefits (see Note 5). The fair values of the unallocated contracts are based on contract value adjusted for certain contractual provisions. The VALIC Short-term Fixed Account invests in the general assets of VALIC. VALIC considers this contract to be benefit-responsive; however, since there are no specific securities in VALIC's general accounts related to this contract and due to the contract terms, including the frequency of the interest rate reset intervals, contract value approximates fair value. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees.

The variable separate accounts are valued at net asset value per share (or its equivalent) of the funds, which is based on the fair value of the funds' underlying net assets. All other investments are valued based on quoted market prices. See Note 6 for additional information.

Adena Tax Deferred Annuity/Match Savings Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 2 - Summary of Significant Accounting Policies (Continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Certain administrative expenses, including the audit of the annual financial statements, are paid by the Hospital.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties - The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including September 28, 2015, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

Variable Annuity Life Insurance Company and AIG Federal Savings Bank (collectively, the "Trustees") hold the Plan's investments and participant notes receivable and execute all related transactions. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information provided by VALIC, including information provided on behalf of AIG.

Adena Tax Deferred Annuity/Match Savings Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 3 - Unaudited Information (Continued)

Significant investments at end of year are as follows:

	2014	2013
Unallocated insurance accounts - At contract value:		
VALIC Fixed Account Plus	\$ 7,486,875	\$ 7,984,428
VALIC Fixed Interest	7,098,996	5,914,419
Mutual funds - At fair value:		
Vanguard Wellington	9,165,410	7,697,157
Vanguard Extended Market Index	3,604,965	3,513,147
Vanguard 500 Index Signal	3,731,169	2,888,207
Variable separate accounts - At fair value:		
Vanguard Wellington Fund, Inc	3,822,171	3,900,314

Note 4 - Tax Status

The Internal Revenue Service (IRS) is not currently accepting applications for 403(b) plan determination letters. The plan administrator has indicated the Plan will apply for a determination letter when the IRS allows such applications to be made. The plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of Internal Revenue Code Section 403(b). Therefore, no provision for income taxes has been included in the Plan's financial statements.

As mentioned in Note 1, VALIC, a trustee of the Plan, has entered into loan transactions directly with participants using their account balances as collateral for the loans. These transactions appear to violate certain provisions of ERISA and thereby would constitute a nonexempt transaction. The Department of Labor is currently analyzing these types of transactions to determine how they should be reported and expects to issue reporting guidance. No guidance has been issued as of the date of this report. The effect of this matter is unknown at this time and has not been reflected in the accompanying financial statements and supplemental schedule.

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax position and does not believe the Plan has any uncertain tax positions, except as described above, that require disclosure or adjustment to the financial statements. The plan administrator believes the Plan is no longer subject to tax examinations for years prior to 2011.

Adena Tax Deferred Annuity/Match Savings Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 5 - Unallocated Insurance Contracts

The Plan has benefit-responsive insurance contracts with VALIC, a subsidiary of AIG. VALIC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The insurance contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. There are no reserves against contract value for credit risk of the contract issuers or otherwise. The crediting interest rate for the VALIC Fixed Interest and VALIC Fixed Account Plus contracts is based on a formula agreed upon with the contract issuers, but may not be less than 3 percent for participant accounts set up before December 1, 2003 and 2 percent for participant accounts set up on or after December 1, 2003. The minimum crediting rate for the VALIC Short Term Fixed Account is 1 percent. Crediting interest rates are reviewed on a periodic basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the contract issuers. Such events include the following: (i) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (ii) changes to the Plan's prohibition on competing investment options, (iii) bankruptcy of the plan sponsor or other plan sponsor events (e.g., divestitures or spin-offs of a subsidiary) which cause a significant withdrawal from the Plan, or (iv) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The unallocated insurance contracts do not permit the contract issuers to terminate the contracts prior to the scheduled maturity date. If an event of default occurs and is not cured, the non-defaulting party may terminate the contracts. The following may cause the Plan to be in default: a breach of material obligation under the contracts, a material misrepresentation, or a material amendment to the plan agreement. The contract issuers may be in default if they breach a material obligation under the unallocated insurance contracts, make a material misrepresentation, have a decline in their long-term credit rating below a threshold set forth in the contracts, and are acquired or reorganized and the successor contract issuers do not satisfy the investment or credit guidelines applicable to the contract issuers.

If, in the event of the default of the contract issuers, the Plan were unable to obtain a replacement unallocated insurance contract, withdrawing plans may experience losses if the value of the Plan's assets no longer covered by the contract are below contract value. The Plan may seek to add additional contract issuers over time to diversify the Plan's exposure to such risk, but there is no assurance that the Plan may be able to do so. The combination of the default of the contract issuers and an inability to obtain a replacement agreement could render the Plan unable to achieve its objective of maintaining a stable contract value.

Adena Tax Deferred Annuity/Match Savings Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 5 - Unallocated Insurance Contracts (Continued)

The terms of the unallocated insurance contract generally provide for settlement of payments only upon termination of the contract or total liquidation of the covered investments. Generally, payments will be made pro rata, based on the percentage of investments covered by each contract issuer. Contract termination occurs whenever the contract value or market value of the covered investments reaches zero or upon certain events of default. If the contract terminates due to the contract issuers' default (other than a default occurring because of a decline in its rating), the contract issuers will generally be required to pay the Plan the excess, if any, of contract value over market value on the date of termination. If the contract terminates when the market value equals zero, the contract issuers will pay the excess of contract value over market value to the Plan to the extent necessary for the Plan to satisfy outstanding contract value withdrawal requests. Contract termination also may occur by either party upon election and notice.

As described in Note 2, because the unallocated insurance contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of net assets attributable to the unallocated insurance contracts. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Average yields for the unallocated insurance contracts at December 31, 2014 and 2013 are as follows:

	2014	2013
VALIC Fixed Interest:		
Based on actual earnings	5.51%	-3.02%
Based on interest rate credited to participants	2.19%	2.77%
VALIC Fixed Account Plus:		
Based on actual earnings	1.46%	1.21%
Based on interest rate credited to participants	2.00%	2.00%
VALIC Short Term Fixed Account:		
Based on actual earnings	1.00%	1.00%
Based on interest rate credited to participants	1.00%	1.00%

Adena Tax Deferred Annuity/Match Savings Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 6 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2014 and 2013.

Level 1 - Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Adena Tax Deferred Annuity/Match Savings Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 6 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2014

	Level 1	Level 2	Balance at December 31, 2014
Mutual funds:			
Equity investments	\$ 35,459,578	\$ -	\$ 35,459,578
Fixed-income investments	2,361,937	-	2,361,937
Special interest investments	695,681	-	695,681
Variable separate accounts:			
Equity investments (1)	-	17,635,049	17,635,049
Fixed-income investments (2)	-	780,851	780,851
Short-term investments (3)	-	61,178	61,178
Special interest investments (4)	-	1,075,905	1,075,905
Unallocated insurance contracts	-	15,915,115	15,915,115
Total	<u>\$ 38,517,196</u>	<u>\$ 35,468,098</u>	<u>\$ 73,985,294</u>

Assets Measured at Fair Value on a Recurring Basis at December 31, 2013

	Level 1	Level 2	Balance at December 31, 2013
Mutual funds:			
Equity investments	\$ 29,472,767	\$ -	\$ 29,472,767
Fixed-income investments	1,374,822	-	1,374,822
Special interest investments	612,650	-	612,650
Variable separate accounts:			
Equity investments (1)	-	18,376,916	18,376,916
Fixed-income investments (2)	-	600,341	600,341
Short-term investments (3)	-	64,801	64,801
Special interest investments (4)	-	1,056,414	1,056,414
Unallocated insurance contracts	-	14,910,152	14,910,152
Total	<u>\$ 31,460,239</u>	<u>\$ 35,008,624</u>	<u>\$ 66,468,863</u>

- (1) This class represents investments in actively managed variable separate accounts that invest primarily in equity securities, which may include common stocks, options, and futures.
- (2) This class represents investments in actively managed variable separate accounts that invest in a variety of fixed-income investments, which may include corporate bonds, both U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures.
- (3) This class represents investments in actively managed variable separate accounts that invest primarily in money market funds that seek high current income consistent with maintaining liquidity and preserving capital.
- (4) This class represents investments in actively managed variable separate accounts that invest primarily in debt and equity securities representing special interest objectives such as health sciences and social responsibilities.

Adena Tax Deferred Annuity/Match Savings Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 6 - Fair Value Measurements (Continued)

There were no unfunded commitments or redemption restrictions on the investments described above.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no significant transfers between levels of the fair value hierarchy during 2014 and 2013.

Note 7 - Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 and 2013 to Form 5500:

	2014	2013
Net assets available for benefits per the financial statements	\$ 74,526,744	\$ 67,039,854
Adjustment to record plan loan deemed distributions	(795,530)	(774,171)
Net assets available for benefits per Form 5500	<u>\$ 73,731,214</u>	<u>\$ 66,265,683</u>

The following is a reconciliation of investment income per the financial statements for the years ended December 31, 2014 and 2013 to Form 5500:

	2014	2013
Net increase per financial statements	\$ 7,486,890	\$ 13,847,363
Adjustment for the net increase in plan loan deemed distributions	(21,359)	(75,211)
Net increase per Form 5500	<u>\$ 7,465,531</u>	<u>\$ 13,772,152</u>

Adena Tax Deferred Annuity/Match Savings Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 31-4379443, Plan No. 004 December 31, 2014

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Unallocated insurance contracts:		
VALIC	VALIC Fixed Account Plus	*	\$ 7,486,875
AIG	VALIC Fixed Interest	*	7,098,996
VALIC	Short Term Fixed Account	*	1,388,332
	Variable separate accounts:		
VALIC	Vanguard Wellington Fund, Inc	*	3,822,171
VALIC	Mid Cap Index Fund	*	3,153,220
VALIC	Stock Index Fund	*	2,262,634
VALIC	Small Cap Value Fund	*	1,308,085
VALIC	Vanguard Windsor II	*	1,054,708
VALIC	Foreign Value	*	641,659
VALIC	International Equities Fund	*	381,127
VALIC	Large Capital Growth	*	440,569
VALIC	Mid Cap Value Fund	*	460,628
VALIC	Science & Technology Fund	*	447,518
VALIC	Global Strategy	*	367,104
VALIC	Growth Fund	*	401,683
VALIC	Emerging Economies	*	324,847
VALIC	Socially Responsible Fund	*	297,311
VALIC	Strategic Bond Fund	*	314,807
VALIC	Ariel Fund	*	313,608
VALIC	Mid Cap Strategic Growth Fund	*	267,724
VALIC	Blue Chip Growth Fund	*	271,283
VALIC	Small Cap Growth Fund	*	214,825
VALIC	INTL Opportunities	*	234,450
VALIC	Small Cap Index Fund	*	227,073
VALIC	International Growth Fund	*	140,253
VALIC	Dividend Value	*	198,089
VALIC	Core Bond Fund	*	179,656
VALIC	Global Real Estate Fund	*	137,514
VALIC	SM Cap Special Value	*	129,288
VALIC	Core Equity Fund	*	105,490
VALIC	High Yield Bond Fund	*	125,803
VALIC	Vanguard LifeStrategy CONSERVATIVE	*	103,962
VALIC	Moderate Growth Lifestyle	*	84,138
VALIC	NASDAQ-100(R) Index Fund	*	101,652
VALIC	Inflation Protection Fund	*	86,795
VALIC	SM Cap Aggressive Growth	*	71,497
VALIC	Mid Cap Growth Fund	*	69,664
VALIC	Ariel Appreciation Fund	*	85,231
VALIC	Health Sciences Fund	*	106,767
VALIC	Vanguard Long-Term Treasury	*	77,841
VALIC	Value Fund	*	57,183
VALIC	Money Market I Fund	*	53,297
VALIC	Large Cap Value Fund	*	57,898

Adena Tax Deferred Annuity/Match Savings Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-4379443, Plan No. 004

December 31, 2014

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Variable separate accounts (Continued):		
VALIC	Vanguard LT INV-Grade Fund	*	\$ 59,118
VALIC	Small Cap Fund	*	51,698
VALIC	Capital Appreciation Fund	*	40,594
VALIC	Growth & Income Fund	*	37,591
VALIC	SM Mid Growth Fund	*	28,361
VALIC	Global Social Awareness Fund	*	27,391
VALIC	Vanguard LifeStrategy GROWTH	*	28,134
VALIC	Aggressive Growth Lifestyle	*	25,965
VALIC	International Government Bond	*	23,626
VALIC	Large Cap Core	*	12,858
VALIC	Capital Conservation Fund	*	13,330
VALIC	Am Beac Holland Large Cap	*	9,304
VALIC	Money Market II Fund	*	6,257
VALIC	Vanguard LifeStrategy MODERATE	*	3,122
VALIC	Broad Cap Value Inc	*	3,495
VALIC	Government Securities Fund	*	1,624
VALIC	Asset Allocation Fund	*	1,463
	Mutual funds:		
AIG	Vanguard Wellington	*	9,165,410
AIG	Vanguard Extended Market Index	*	3,604,965
AIG	Vanguard 500 Index Signal	*	3,731,169
AIG	J Hancock 3 Disciplined Value	*	2,207,313
AIG	DFA US SMALL CAP I FUND	*	1,968,458
	Vanguard Total International Stock Index		
AIG	Admiral	*	1,842,083
AIG	Times Square Mid Cap Growth	*	1,329,229
AIG	PIMCO Total Ret Instl	*	1,251,005
AIG	T. Rowe Price RTMT 2040	*	1,447,495
AIG	Mainstay Large Cap Growth	*	1,248,720
AIG	Am Funds Europacific Growth	*	1,534,446
AIG	T Rowe Price RTMT 2035	*	987,335
AIG	Ridgeworth Mid Cap Value Eq	*	1,158,440
AIG	Vanguard Prime Market	*	227,987
AIG	T. Rowe Price RTMT 2030	*	873,313
AIG	Oppenheimer Developing Markets	*	695,681
AIG	T. Rowe Price RTMT 2025	*	796,251
AIG	T. Rowe Price RTMT 2045	*	894,065
AIG	Vanguard Total Bond Market Index Admiral	*	767,718
AIG	Janus Triton T	*	619,170
AIG	T. Rowe Price RTMT 2020	*	615,661
AIG	T. Rowe Price RTMT 2050	*	576,743
AIG	T. Rowe Price RTMT 2055	*	470,197

Adena Tax Deferred Annuity/Match Savings Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-4379443, Plan No. 004

December 31, 2014

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual funds (Continued):		
AIG	T. Rowe Price RTMT Inc	*	\$ 234,840
AIG	T. Rowe Price RTMT 2010	*	116,680
AIG	PIMCO Low Duration J	*	100,802
AIG	T. Rowe Price RTMT 2015	*	44,448
AIG	T. Rowe Price RET 2005	*	7,572
AIG			
Participants	Participant notes receivable earning interest at a rate of 4.25 percent	-	482,362
	Total		<u>\$ 74,526,744</u>

* Cost information not required

Form 5500

Attachment

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

Name of Plan Adena Health System Tax Deferred Annuity			Three-digit ERISA plan number 004	
Name of plan sponsor as shown on line 2a of Form 5500 Adena Health System, Inc.			Employer Identification Number 31-4379443	
Contract Number: 45251 Plan Number: 003				
(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	VALIC GENERAL ACCOUNT	FIXED ACCOUNT PLUS		6,153,497
	VALIC GENERAL ACCOUNT	SHORT TERM FIXED ACCOUNT		1,388,332
	VALIC GENERAL ACCOUNT	VALIC FIXED-INTEREST		7,098,996
	VALIC SEPARATE ACCOUNT A	AGGRESSIVE GROWTH LIFESTYLE		25,964
	VALIC SEPARATE ACCOUNT A	AM BEAC HOLLAND LG CAP GROWTH		9,304
	VALIC SEPARATE ACCOUNT A	ARIEL APPRECIATION FUND		85,230
	VALIC SEPARATE ACCOUNT A	ARIEL FUND		313,608
	VALIC SEPARATE ACCOUNT A	ASSET ALLOCATION FUND		1,463
	VALIC SEPARATE ACCOUNT A	BLUE CHIP GROWTH FUND		271,283
	VALIC SEPARATE ACCOUNT A	BROAD CAP VALUE INC		3,495
	VALIC SEPARATE ACCOUNT A	CAPITAL APPRECIATION FUND		40,594
	VALIC SEPARATE ACCOUNT A	CAPITAL CONSERVATION		13,330
	VALIC SEPARATE ACCOUNT A	CORE BOND FUND		179,656
	VALIC SEPARATE ACCOUNT A	CORE EQUITY FUND		105,490
	VALIC SEPARATE ACCOUNT A	DIVIDEND VALUE		198,089
	VALIC SEPARATE ACCOUNT A	EMERGING ECONOMIES		324,847
	VALIC SEPARATE ACCOUNT A	FOREIGN VALUE		641,659
	VALIC SEPARATE ACCOUNT A	GLOBAL REAL ESTATE FUND		137,514
	VALIC SEPARATE ACCOUNT A	GLOBAL SOCIAL AWARENESS FUND		27,391
	VALIC SEPARATE ACCOUNT A	GLOBAL STRATEGY		367,104
	VALIC SEPARATE ACCOUNT A	GOVERNMENT SECURITIES FUND		1,624
	VALIC SEPARATE ACCOUNT A	GROWTH & INCOME FUND		37,591
	VALIC SEPARATE ACCOUNT A	GROWTH FUND		401,683
	VALIC SEPARATE ACCOUNT A	HEALTH SCIENCES FUND		106,767
	VALIC SEPARATE ACCOUNT A	HIGH YIELD BOND FUND		125,803
	VALIC SEPARATE ACCOUNT A	INFLATION PROTECTED FUND		86,795
	VALIC SEPARATE ACCOUNT A	ITERNATIONAL EQUITIES FUND		381,127
	VALIC SEPARATE ACCOUNT A	ITERNATIONAL GOVERNMENT BOND		23,626
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GROWTH FUND		140,253
	VALIC SEPARATE ACCOUNT A	INTL OPPORTUNITIES		234,450
	VALIC SEPARATE ACCOUNT A	LARGE CAP CORE		12,858
	VALIC SEPARATE ACCOUNT A	LARGE CAP VALUE FUND		57,898
	VALIC SEPARATE ACCOUNT A	LARGE CAPITAL GROWTH		440,569
	VALIC SEPARATE ACCOUNT A	MID CAP GROWTH FUND		69,664
	VALIC SEPARATE ACCOUNT A	MID CAP INDEX FUND		3,153,220
	VALIC SEPARATE ACCOUNT A	MID CAP STRATEGIC GWTH		267,724
	VALIC SEPARATE ACCOUNT A	MID CAP VALUE FUND		460,628
	VALIC SEPARATE ACCOUNT A	MODERATE GROWTH LIFESTYLE		84,138
	VALIC SEPARATE ACCOUNT A	MONEY MARKET I FUND		53,297
	VALIC SEPARATE ACCOUNT A	MONEY MARKET II FUND		6,257
	VALIC SEPARATE ACCOUNT A	NASDAQ-100® INDEX FUND		101,652
	VALIC SEPARATE ACCOUNT A	SCIENCE & TECHNOLOGY FUND		447,518
	VALIC SEPARATE ACCOUNT A	SM CAP AGGRESSIVE GWTH		71,497
	VALIC SEPARATE ACCOUNT A	SMALL CAP FUND		51,698
	VALIC SEPARATE ACCOUNT A	SMALL CAP GROWTH FUND		214,825
	VALIC SEPARATE ACCOUNT A	SMALL CAP INDEX FUND		227,073
	VALIC SEPARATE ACCOUNT A	SMALL CAP SPECIAL VALUE FUND		129,288
	VALIC SEPARATE ACCOUNT A	SMALL CAP VALUE FUND		1,308,085
	VALIC SEPARATE ACCOUNT A	SMALL MID GROWTH FUND		28,361
	VALIC SEPARATE ACCOUNT A	SOCIALLY RESPONSIBLE FUND		297,311
	VALIC SEPARATE ACCOUNT A	STOCK INDEX FUND		2,262,634
	VALIC SEPARATE ACCOUNT A	STRATEGIC BOND FUND		314,807
	VALIC SEPARATE ACCOUNT A	VALUE FUND		57,183
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY CONSER		103,962

Form 5500

Attachment

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

Name of Plan Adena Health System Tax Deferred Annuity			Three-digit ERISA plan number 004	
Name of plan sponsor as shown on line 2a of Form 5500 Adena Health System, Inc.			Employer Identification Number 31-4379443	
Contract Number: 45251 Plan Number: 003				
(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY GROWTH		28,134
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY MODERA		3,122
	VALIC SEPARATE ACCOUNT A	VANGUARD LONG-TERM TREASURY		77,841
	VALIC SEPARATE ACCOUNT A	VANGUARD LT INV-GRADE FUND		59,118
	VALIC SEPARATE ACCOUNT A	VANGUARD WELLINGTON FUND, INC.		3,822,171
	VALIC SEPARATE ACCOUNT A	VANGUARD WINDSOR II		1,054,708
	MUTUAL FUNDS	AMFUNDS EUROPACIFIC GR R5		1,534,446
	MUTUAL FUNDS	AMG TIMESSQUARE MDCP GRTH PREM		1,329,229
	MUTUAL FUNDS	DFA US SMALL CAP I		1,968,458
	MUTUAL FUNDS	JANUS TRITON T		619,170
	MUTUAL FUNDS	JHANCOCK3 DISCIPLINED VALUE I		2,207,313
	MUTUAL FUNDS	MAINSTAY LARGE CAP GROWTH R1		1,248,720
	MUTUAL FUNDS	OPPENHEIMER DEVELOPING MKTS Y		695,681
	MUTUAL FUNDS	PIMCO LOW DURATION INSTL J		100,803
	MUTUAL FUNDS	PIMCO TOTAL RET INSTL		1,251,005
	MUTUAL FUNDS	RIDGEWORTH MID CAP VALUE EQ 1		1,158,440
	MUTUAL FUNDS	T ROWE PRICE RTMT 2055		470,197
	MUTUAL FUNDS	T ROWE PRICE RTMT 2010		116,680
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2015		44,448
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2020		615,661
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2025		796,251
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2030		873,313
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2035		987,335
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2040		1,447,495
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2045		894,065
	MUTUAL FUNDS	T ROWE PRICE RTMT 2050		576,743
	MUTUAL FUNDS	T. ROWE PRICE RTMT INC		234,840
	MUTUAL FUNDS	T. ROWE PRICE RET 2005		7,572
	MUTUAL FUNDS	VANGUARD 500 IDX ADM		3,731,169
	MUTUAL FUNDS	VANGUARD EXTENDED MARKET IDX ADM		3,604,965
	MUTUAL FUNDS	VANGUARD PRIME M MKT		227,987
	MUTUAL FUNDS	VANGUARD TL BD MK IDX ADM		767,719
	MUTUAL FUNDS	VANGUARD TOT INTL STK IDX ADM		1,842,083
	MUTUAL FUNDS	VANGUARD WELLINGTON ADM		9,165,410
	PARTICIPANT LOANS	3.00% - 4.25%		1,020,210