

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;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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 (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ADENA HEALTH SYSTEM, INC.</u> <u>272 HOSPITAL ROAD</u> <u>CHILLICOTHE, OH 45601</u>			2b Employer Identification Number (EIN) <u>31-4379443</u> 2c Plan Sponsor's telephone number <u>740-779-7313</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.	10/06/2016	ROBERT M. ROSENBERGER
	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)			Preparer's telephone number

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 3866
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) 2916
a(2) Total number of active participants at the end of the plan year	6a(2) 3002
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 1112
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 4114
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 4114
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 3764
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
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)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

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

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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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/> 2015 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning **01/01/2015** and ending **12/31/2015**

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	1416	01/01/2015	12/31/2015

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
1582	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	
1429			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	
97			3

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

(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	
44			3

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

TITUS, RYAN W

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	
12			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	
			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	7411286
5 Current value of plan's interest under this contract in separate accounts at year end	5	18867051

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	7541829
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	195590	
(4) Transferred from separate account	7c(4)	571222	
(5) Other (specify below)	7c(5)		

(6) Total additions **7c(6)** 766812

d Total of balance and additions (add lines 7b and 7c(6))	7d	8308641
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	845062	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	49355	
(4) Other (specify below)	7e(4)	2938	

▶ **CONTRACT SURRENDER CHARGES**(5) Total deductions **7e(5)** 897355

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	7411286
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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><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div></div><div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></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>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
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	3375	01/01/2015	12/31/2015

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.
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(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).

(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	7912024
5 Current value of plan's interest under this contract in separate accounts at year end	5	

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

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

e Type of contract: (1) ☐ 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	7098996
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c Additions: (1) Contributions deposited during the year	7c(1)	1203118
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	159353
(4) Transferred from separate account	7c(4)	196643
(5) Other (specify below)	7c(5)	0

(6) Total additions	7c(6)	1559114
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d Total of balance and additions (add lines 7b and 7c(6))	7d	8658110
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	587386
(2) Administration charge made by carrier	7e(2)	0
(3) Transferred to separate account	7e(3)	151673
(4) Other (specify below)	7e(4)	7027

▶ **CONTRACT SURRENDER CHARGES**

(5) Total deductions	7e(5)	746086
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	7912024
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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>SCHEDULE C</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>Service Provider 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>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
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	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

VALIC RETIREMENT SERVICES 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	160001	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(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	23212	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.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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		(a) Beginning of Year	(b) End of Year
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	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)	1020210	1278621
	(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)	58070179	59533286
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	14640825	15323310
	(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	73731214	76135217

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	73731214	76135217
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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)	8147605	
(C) Others (including rollovers)	2a(1)(C)	87362	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8234967
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)	38716	
(F) Other	2b(1)(F)	354943	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		393659
(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)	1979466	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1979466
(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)		-2801060
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7807032

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

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5148041	
(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)		5148041
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		75835
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	179153	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		179153
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5403029

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2404003
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:

	Yes	No	N/A	Amount
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	N/A	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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
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): <u>76-0519990</u>		
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)
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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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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
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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): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Adena Tax Deferred Annuity/ Match Savings Plan

**Financial Report
December 31, 2015**

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, 2015 and 2014 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, 2015 and 2014 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.

Other Matter

The supplemental schedule of assets held at end of year as of December 31, 2015 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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 & Moran, PLLC

Columbus, Ohio
August 23, 2016

Adena Tax Deferred Annuity/Match Savings Plan

Statement of Net Assets Available for Benefits

	December 31, 2015	December 31, 2014
Assets		
Participant-directed investments at fair value:		
Mutual funds	\$ 41,865,042	\$ 38,517,196
Variable separate accounts	<u>17,668,244</u>	<u>19,552,983</u>
Total participant-directed investments at fair value	59,533,286	58,070,179
Participant-directed unallocated insurance contracts at contract value	<u>16,522,121</u>	<u>15,974,203</u>
Total participant-directed investments	76,055,407	74,044,382
Participant notes receivable	<u>923,818</u>	<u>482,362</u>
Net Assets Available for Benefits	<u>\$ 76,979,225</u>	<u>\$ 74,526,744</u>

Adena Tax Deferred Annuity/Match Savings Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2015	December 31, 2014
Additions to Net Assets		
Contributions:		
Employee	\$ 8,147,605	\$ 7,814,708
Rollovers	87,362	237,912
Total contributions	8,234,967	8,052,620
Investment income (loss):		
Interest and dividends	2,387,196	2,021,449
Net realized and unrealized (losses) gains on investments	(2,791,603)	2,013,407
Total investment (loss) income	(404,407)	4,034,856
Interest from participant notes receivable	24,634	15,662
Total additions	7,855,194	12,103,138
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	5,216,317	4,427,998
Administrative expenses	186,396	188,250
Total deductions	5,402,713	4,616,248
Net Increase	2,452,481	7,486,890
Net Assets Available for Benefits		
Beginning of year	74,526,744	67,039,854
End of year	<u><u>\$ 76,979,225</u></u>	<u><u>\$ 74,526,744</u></u>

Adena Tax Deferred Annuity/Match Savings Plan

Notes to Financial Statements December 31, 2015 and 2014

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 Annuity 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 \$1,198,811 and \$1,333,378 at December 31, 2015 and 2014, respectively. These loans are not included as assets in the accompanying financial statements. At December 31, 2015 and 2014, \$844,008 and \$795,530, respectively, of the plan loan balances were in default.

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, 2015 and 2014

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 fully benefit-responsive unallocated contracts are valued at contract value. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees. See Note 5 for additional information.

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

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.

Adena Tax Deferred Annuity/Match Savings Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 2 - Summary of Significant Accounting Policies (Continued)

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 August 23, 2016, which is the date the financial statements were available to be issued.

New Accounting Pronouncements - During 2015, the Plan adopted Accounting Standards Update (ASU) Nos. 2015-07, *Disclosures for Investments In Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent)* and 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965) - I. Fully Benefit-Responsive Investment Contracts, II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient*. ASU No. 2015-07 amended ASC 820, *Fair Value Measurements*, and removed the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value (NAV) per share as a practical expedient. Parts I and II of ASU No. 2015-12 were applicable to the Plan. Part I requires the fully benefit-responsive investment contract be recorded at contract value without presentation of fair value or the difference between fair value and contract value and reduces the related disclosures. Part II modified the investment disclosures under ASC 820 and 962. These standards were adopted retrospectively and had no impact on the Plan's net assets or changes in net assets.

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, 2015 and 2014

Note 4 - Tax Status

The Internal Revenue Service (IRS) is not currently accepting applications for individual 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 the Internal Revenue Code section 403(b). Therefore, no provision for income taxes has been included in the Plan's financial statements.

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. When establishing interest credit rates for these products, VALIC considers many factors, including current economic and market conditions, the general interest rate environment, and both the expected and actual experience of a reference portfolio within the issuer's general account.

Certain events limit the ability of the Plan to transact at contract value with the insurance company. 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 or deletion of equity wash provision, (iii) bankruptcy of the plan sponsor or other plan sponsor events (e.g., divestitures or spinoffs of a subsidiary) which cause a significant withdrawal from the Plan, or (iv) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator believes that the occurrence of any such events, which would limit the Plan's ability to transact at contract value with participants, is not probable of occurring. There are no events that allow the issuer to terminate the contracts and which require the plan sponsor to settle an amount different than contract value paid either within 90 days or over time.

Adena Tax Deferred Annuity/Match Savings Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 5 - Unallocated Insurance Contracts (Continued)

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

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, 2015 and 2014.

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, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

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, 2015 and 2014

Note 6 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2015

	Investments (at Fair Value)	Level 1	Level 2	Level 3
Mutual funds	\$ 41,865,042	\$ 41,865,042	\$ -	\$ -
Variable separate accounts measured at NAV:				
Equity (1)	15,802,072			
Fixed-income (2)	745,843			
Short-term (3)	58,660			
Special interest (4)	1,061,669			
Total investments at fair value	\$ 59,533,286			

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

	Investments (at Fair Value)	Level 1	Level 2	Level 3
Mutual funds	\$ 38,517,196	\$ 38,517,196	\$ -	\$ -
Variable separate accounts measured at NAV:				
Equity (1)	17,635,049			
Fixed-income (2)	780,851			
Short-term (3)	61,178			
Special interest (4)	1,075,905			
Total investments at fair value	\$ 58,070,179			

- (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. There were no unfunded commitments or redemption restrictions.
- (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. There were no unfunded commitments or redemption restrictions.
- (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. There were no unfunded commitments or redemption restrictions.
- (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. There were no unfunded commitments or redemption restrictions.

Adena Tax Deferred Annuity/Match Savings Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 6 - Fair Value Measurements (Continued)

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 2015 and 2014.

Note 7 - Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2015 and 2014 to Form 5500:

	2015	2014
Net assets available for benefits per the financial statements	\$ 76,979,225	\$ 74,526,744
Adjustment for a difference in accounting for plan loans	(844,008)	(795,530)
Net assets available for benefits per Form 5500	<u>\$ 76,135,217</u>	<u>\$ 73,731,214</u>

The following is a reconciliation of the net increase per the financial statements for the years ended December 31, 2015 and 2014 to Form 5500:

	2015	2014
Net increase per the financial statements	\$ 2,452,481	\$ 7,486,890
Adjustment for a difference in accounting for plan loans	(48,478)	(21,359)
Net increase per Form 5500	<u>\$ 2,404,003</u>	<u>\$ 7,465,531</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, 2015

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Unallocated insurance contracts:		
Variable Annuity Life Insurance Company	VALIC Fixed Account Plus	*	\$ 7,082,257
AIG Federal Savings Bank	VALIC Fixed Interest	*	7,912,024
Variable Annuity Life Insurance Company	Short Term Fixed Account	*	1,527,840
Variable Annuity Life Insurance Company	Variable separate accounts:		
	Vanguard Wellington Fund, Inc	*	3,487,220
	Mid Cap Index Fund	*	2,747,020
	Stock Index Fund	*	2,022,380
	Small Cap Value Fund	*	1,077,721
	Vanguard Windsor II	*	978,294
	Foreign Value	*	567,116
	International Equities Fund	*	325,648
	Large Capital Growth	*	398,413
	Mid Cap Value Fund	*	476,251
	Science & Technology Fund	*	433,368
	Global Strategy	*	285,324
	Growth Fund	*	377,614
	Emerging Economies	*	278,650
	Socially Responsible Fund	*	286,308
	Strategic Bond Fund	*	297,622
	Ariel Fund	*	275,662
	Mid Cap Strategic Growth Fund	*	230,886
	Blue Chip Growth Fund	*	307,933
	Small Cap Growth Fund	*	175,607
	INTL Opportunities	*	247,501
	Small Cap Index Fund	*	188,936
	International Growth Fund	*	119,734
	Dividend Value	*	177,731
	Core Bond Fund	*	170,662
	Global Real Estate Fund	*	127,799
	SM Cap Special Value	*	111,094
	Core Equity Fund	*	84,651
	High Yield Bond Fund	*	135,696
	Vanguard LifeStrategy CONSERVATIVE	*	102,494
	Moderate Growth Lifestyle	*	69,947
	NASDAQ-100(R) Index Fund	*	104,878
	Inflation Protection Fund	*	84,079
	SM Cap Aggressive Growth	*	69,234
	Mid Cap Growth Fund	*	60,095
	Ariel Appreciation Fund	*	71,146
	Health Sciences Fund	*	130,115
	Vanguard Long-Term Treasury	*	67,571
	Value Fund	*	53,171
	Money Market I Fund	*	51,984
	Large Cap Value Fund	*	60,922

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, 2015

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Variable Annuity Life Insurance Company	Variable separate accounts (Continued):		
	Vanguard LT INV-Grade Fund	*	\$ 55,479
	Small Cap Fund	*	47,761
	Capital Appreciation Fund	*	36,543
	Growth & Income Fund	*	35,519
	SM Mid Growth Fund	*	32,356
	Global Social Awareness Fund	*	27,030
	Vanguard LifeStrategy GROWTH	*	25,061
	Aggressive Growth Lifestyle	*	25,540
	International Government Bond	*	18,813
	Large Cap Core	*	26,513
	Capital Conservation Fund	*	834
	Am Beac Holland Large Cap	*	3,799
	Money Market II Fund	*	5,055
	Vanguard LifeStrategy MODERATE	*	3,066
	Broad Cap Value Inc	*	3,335
	Government Securities Fund	*	1,621
	Asset Allocation Fund	*	1,442
AIG Federal Savings Bank	Mutual funds:		
	Vanguard Wellington	*	9,825,133
	Vanguard Extended Market Index	*	3,861,636
	Vanguard 500 Index Signal	*	4,171,561
	J Hancock 3 Disciplined Value	*	2,145,285
	DFA US SMALL CAP I FUND	*	2,043,528
	Vanguard Total International Stock Index Admiral	*	1,941,817
	Times Square Mid Cap Growth	*	1,313,037
	PIMCO Total Ret Instl	*	1,279,306
	T. Rowe Price RTMT 2040	*	1,697,967
	Mainstay Large Cap Growth	*	1,385,458
	Am Funds Europacific Growth	*	1,771,141
	T. Rowe Price RTMT 2035	*	1,112,107
	Ridgeworth Mid Cap Value Eq	*	919,269
	Vanguard Prime Market	*	375,138
	T. Rowe Price RTMT 2030	*	1,109,352
	Oppenheimer Developing Markets	*	677,403
	T. Rowe Price RTMT 2025	*	957,637
	T. Rowe Price RTMT 2045	*	1,256,186
	Vanguard Total Bond Market Index Admiral	*	727,928
	Janus Triton T	*	731,481
	T. Rowe Price RTMT 2020	*	561,509
	T. Rowe Price RTMT 2050	*	682,729
	T. Rowe Price RTMT 2055	*	744,350

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, 2015

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
AIG Federal Savings Bank	Mutual funds (Continued):		
	T. Rowe Price RTMT Inc	*	\$ 260,894
	T. Rowe Price RTMT 2010	*	116,715
	PIMCO Low Duration J	*	140,758
	T. Rowe Price RTMT 2015	*	46,180
	T. Rowe Price RET 2005	*	9,537
Participants	Participant notes receivable earning interest at a rate of 4.25 percent	-	923,818
	Total		<u>\$ 76,979,225</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		5,883,446
	VALIC GENERAL ACCOUNT	SHORT TERM FIXED ACCOUNT		1,527,840
	VALIC GENERAL ACCOUNT	VALIC FIXED-INTEREST		7,912,024
	VALIC SEPARATE ACCOUNT A	AGGRESSIVE GROWTH LIFESTYLE		25,539
	VALIC SEPARATE ACCOUNT A	AM BEAC HOLLAND LG CAP GROWTH		3,798
	VALIC SEPARATE ACCOUNT A	ARIEL APPRECIATION FUND		71,146
	VALIC SEPARATE ACCOUNT A	ARIEL FUND		275,662
	VALIC SEPARATE ACCOUNT A	ASSET ALLOCATION FUND		1,442
	VALIC SEPARATE ACCOUNT A	BLUE CHIP GROWTH FUND		307,932
	VALIC SEPARATE ACCOUNT A	BROAD CAP VALUE INC		3,335
	VALIC SEPARATE ACCOUNT A	CAPITAL APPRECIATION FUND		36,543
	VALIC SEPARATE ACCOUNT A	CAPITAL CONSERVATION		833
	VALIC SEPARATE ACCOUNT A	CORE BOND FUND		170,662
	VALIC SEPARATE ACCOUNT A	CORE EQUITY FUND		84,650
	VALIC SEPARATE ACCOUNT A	DIVIDEND VALUE		177,731
	VALIC SEPARATE ACCOUNT A	EMERGING ECONOMIES		278,650
	VALIC SEPARATE ACCOUNT A	FOREIGN VALUE		567,115
	VALIC SEPARATE ACCOUNT A	GLOBAL REAL ESTATE FUND		127,799
	VALIC SEPARATE ACCOUNT A	GLOBAL SOCIAL AWARENESS FUND		27,029
	VALIC SEPARATE ACCOUNT A	GLOBAL STRATEGY		285,324
	VALIC SEPARATE ACCOUNT A	GOVERNMENT SECURITIES FUND		1,621
	VALIC SEPARATE ACCOUNT A	GROWTH & INCOME FUND		35,519
	VALIC SEPARATE ACCOUNT A	GROWTH FUND		377,614
	VALIC SEPARATE ACCOUNT A	HEALTH SCIENCES FUND		130,115
	VALIC SEPARATE ACCOUNT A	HIGH YIELD BOND FUND		135,696
	VALIC SEPARATE ACCOUNT A	INFLATION PROTECTED FUND		84,079
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GOVERNMENT BOND		18,813
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GROWTH FUND		119,734
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL EQUITIES INDEX FUND		325,648
	VALIC SEPARATE ACCOUNT A	INTL OPPORTUNITIES		247,501
	VALIC SEPARATE ACCOUNT A	LARGE CAP CORE		26,513
	VALIC SEPARATE ACCOUNT A	LARGE CAP VALUE FUND		60,922
	VALIC SEPARATE ACCOUNT A	LARGE CAPITAL GROWTH		398,413
	VALIC SEPARATE ACCOUNT A	MID CAP GROWTH FUND		60,094
	VALIC SEPARATE ACCOUNT A	MID CAP INDEX FUND		2,747,020
	VALIC SEPARATE ACCOUNT A	MID CAP STRATEGIC GWTH		230,886
	VALIC SEPARATE ACCOUNT A	MID CAP VALUE FUND		476,251
	VALIC SEPARATE ACCOUNT A	MODERATE GROWTH LIFESTYLE		69,947
	VALIC SEPARATE ACCOUNT A	MONEY MARKET I FUND		51,984
	VALIC SEPARATE ACCOUNT A	MONEY MARKET II FUND		5,055
	VALIC SEPARATE ACCOUNT A	NASDAQ-100® INDEX FUND		104,878
	VALIC SEPARATE ACCOUNT A	SCIENCE & TECHNOLOGY FUND		433,368
	VALIC SEPARATE ACCOUNT A	SM CAP AGGRESSIVE GWTH		69,234
	VALIC SEPARATE ACCOUNT A	SMALL CAP FUND		47,761
	VALIC SEPARATE ACCOUNT A	SMALL CAP GROWTH FUND		175,607
	VALIC SEPARATE ACCOUNT A	SMALL CAP INDEX FUND		188,936
	VALIC SEPARATE ACCOUNT A	SMALL CAP SPECIAL VALUE FUND		111,094
	VALIC SEPARATE ACCOUNT A	SMALL CAP VALUE FUND		1,077,721
	VALIC SEPARATE ACCOUNT A	SMALL MID GROWTH FUND		32,356
	VALIC SEPARATE ACCOUNT A	SOCIALLY RESPONSIBLE FUND		286,308
	VALIC SEPARATE ACCOUNT A	STOCK INDEX FUND		2,022,380
	VALIC SEPARATE ACCOUNT A	STRATEGIC BOND FUND		297,622
	VALIC SEPARATE ACCOUNT A	VALUE FUND		53,171
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY CONSER		102,494

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		25,061
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY MODERA		3,066
	VALIC SEPARATE ACCOUNT A	VANGUARD LONG-TERM TREASURY		67,571
	VALIC SEPARATE ACCOUNT A	VANGUARD LT INV-GRADE FUND		55,479
	VALIC SEPARATE ACCOUNT A	VANGUARD WELLINGTON FUND, INC.		3,487,220
	VALIC SEPARATE ACCOUNT A	VANGUARD WINDSOR II		978,294
	MUTUAL FUNDS	AMFUNDS EUROPACIFIC GR R5		1,771,141
	MUTUAL FUNDS	AMG TIMESSQUARE MDCP GRTH PREM		1,313,037
	MUTUAL FUNDS	DFA US SMALL CAP I		2,043,528
	MUTUAL FUNDS	JANUS TRITON T		731,481
	MUTUAL FUNDS	JHANCOCK3 DISCIPLINED VALUE I		2,145,285
	MUTUAL FUNDS	MAINSTAY LARGE CAP GROWTH R1		1,385,458
	MUTUAL FUNDS	OPPENHEIMER DEVELOPING MKTS Y		677,403
	MUTUAL FUNDS	PIMCO LOW DURATION INSTL J		140,758
	MUTUAL FUNDS	PIMCO TOTAL RET INSTL		1,279,306
	MUTUAL FUNDS	RIDGEWORTH MID CAP VALUE EQ 1		919,269
	MUTUAL FUNDS	T ROWE PRICE RTMT 2055		744,350
	MUTUAL FUNDS	T ROWE PRICE RTMT 2010		116,715
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2015		46,188
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2020		561,509
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2025		957,637
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2030		1,109,352
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2035		1,112,107
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2040		1,697,967
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2045		1,256,186
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2050		682,729
	MUTUAL FUNDS	T. ROWE PRICE RTMT BALANCED		260,894
	MUTUAL FUNDS	T. ROWE PRICE RET 2005		9,537
	MUTUAL FUNDS	VANGUARD 500 IDX ADM		4,171,561
	MUTUAL FUNDS	VANGUARD EXTENDED MARKET IDX		3,861,636
	MUTUAL FUNDS	VANGUARD PRIME M MKT		375,138
	MUTUAL FUNDS	VANUARD TL BD MK IDX ADM		727,928
	MUTUAL FUNDS	VANGUARD TOT INTL STCK IDX ADM		1,941,817
	MUTUAL FUNDS	VANGUARD WELLINGTON ADM		9,825,133
	PARTICIPANT LOANS	3.00% - 7.50%		1,278,621