Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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.)
- ☒ 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
ADENA CORPORATION 401K PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1997

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)
ADENA CORPORATION

1310 WEST FOURTH STREET
MANSFIELD, OH 44906

1310 WEST FOURTH ST
MANSFIELD, OH 44906

2b Employer Identification Number (EIN) 34-1376430

2c Plan Sponsor's telephone number 419-529-4456

2d Business code (see instructions) 236200

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.	10/15/2017	JAMES HOLLAND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2017	MICHAEL WHISLER
	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

MILLENNIUM INVESTMENT & RETIREMENT ADVISORS LLC

3440 TORINGDON WAY STE 205
CHARLOTTE, NC 28277-3191

3b Administrator's EIN: 94-3428956

3c Administrator's telephone number: 704-743-3226

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**	179
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)**	149
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	155
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	167
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	167
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	157
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:

2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

- **(1)** ☐ 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)** ☐ **A** (Insurance Information)
- **(4)** ☒ **C** (Service Provider Information)
- **(5)** ☐ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2016** **This Form is Open to Public Inspection.**

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

A Name of plan
ADENA CORPORATION 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ADENA CORPORATION

D Employer Identification Number (EIN)
34-1376430

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

PRUDENTIAL
P.O. BOX 13467
PHILADELPHIA, PA 19176

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

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

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

ESB WEALTH

PO BOX 636
111 PARK AVENUE EAST
MANSFIELD, OH 44901

(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?
51		21976	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PROTPA

PO BOX 636
111 PARK AVENUE EAST
MANSFIELD, OH 44901

(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?
37 38 64		21386	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MG TRUST COMPANY

717 17TH STREET, SUITE 1300
DENVER, CO 80202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19		4395	Yes [ ] No [X]	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)

MILLENNIUM INVESTMENT & RETIREMENT

13850 BALLANTYNE CORPORATE PLACE
SUITE 500
CHARLOTTE, NC 28277

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 31		5000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRUDENTIAL

P.O. BOX 13467
PHILADELPHIA, PA 19176

(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?
99		3735	Yes [X] No [ ]	Yes [X] 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

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

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

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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)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

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

A Name of plan
ADENA CORPORATION 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ADENA CORPORATION

D Employer Identification Number (EIN)
34-1376430

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	37387	179602
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		18624
(2) Participant contributions	1b(2)		9889
(3) Other	1b(3)	42686	42224
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1161270	995939
(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)	50084	48495
(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)	7621753	8182522
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	8913180	9477295
	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 through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8913180	9477295

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)	798905	
	(B) Participants	2a(1)(B)	503884	
	(C) Others (including rollovers)	2a(1)(C)	18095	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1320884
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)	2030	
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2030
	(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)	196484	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		196484
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		711522
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2230920
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1610313	
(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)		1610313
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	30781	
(3) Investment advisory and management fees	2i(3)	21976	
(4) Other	2i(4)	3735	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		56492
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1666805
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		564115
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: WILGING, ROUSH & PARSONS CPAS **(2)** EIN: 46-0765923

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	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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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 sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

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

A Name of plan
ADENA CORPORATION 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ADENA CORPORATION

D Employer Identification Number (EIN)
34-1376430

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 75-3182674

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

Adena Corporation 401k Profit Sharing Plan and Trust

Financial Statements

December 31, 2016 and 2015

Adena Corporation 401k Profit Sharing Plan and Trust

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Independent Auditor's Report

To the Plan Administrator, Plan Sponsor and Employees Benefit Committee of
Adena Corporation 401k Profit Sharing Plan and Trust
Mansfield, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Adena Corporation 401k Profit Sharing Plan and Trust, which comprise the statement of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these 2016 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (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 C, which was certified by MG Trust Company, LLC, the custodian of the plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2016 and 2015 and for the year ended December 31, 2016, that the information provided to the plan administrator by the custodian is complete and accurate.

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2016 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are 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 custodian, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Wilging, Roush & Parsons CPAs

Wilging, Roush & Parsons CPAs
Mansfield, Ohio
October 5, 2017

Adena Corporation 401k Profit Sharing Plan and Trust
Statement of Net Assets Available for Benefits
December 31, 2016 and 2015

Assets

	2016	2015
Investments at fair value (see Note C)	$ 8,958,157	$ 8,567,428
Investments at contract value	209,812	203,115
Cash (see Note C)	179,602	37,387
Notes receivable from participants	48,495	50,084
Dividend receivable	42,223	42,686
Employee contributions receivable	9,889	0
Employer contributions receivable	18,624	0
Total assets	9,466,802	8,900,700

Liabilities

None	0	0
Total liabilities	0	0
Net assets available for benefits	$ 9,466,802	$ 8,900,700

See independent auditor's report and accompanying notes to financial statements

Adena Corporation 401k Profit Sharing Plan and Trust
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2016

Additions	
Additions to net assets attributed to:	
Investment income:	
Net (depreciation) in fair value of investments (see Note C)	$ 676,852
Net appreciation in contract value of investments (see Note C)	29,960
Net appreciation in Prudential annuity contract value of investments (see Note C)	6,697
Interest and dividends (see Note C)	196,484
	909,993
Interest income participant notes receivable	2,030
	912,023
Contributions:	
Participant	503,884
Employer's (see Note A)	798,905
Other	18,095
Total contributions	1,320,884
Total additions	2,232,907
Deductions:	
Deductions from net assets attributed to:	
Benefits paid to participants	1,610,313
Administrative expenses and other expenses	56,492
Total deductions	1,666,805
Net increase	566,102
Net assets available for benefits:	
Beginning of year	8,900,700
Transfers in	0
End of year	$ 9,466,802

See independent auditor's report and accompanying notes to financial statements

Adena Corporation 401k Profit Sharing Plan and Trust
Notes to Financial Statements
December 31, 2016 and 2015

Note A - Description of Plan

The following description of the Adena Corporation ("Company", "Employer") 401k Profit Sharing Plan and Trust ("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, which was effective January 1, 1997 and amended from time to time thereafter, is a defined contribution safe harbor plan available to all eligible full and part-time employees of Adena Corporation ("Company") 401k Profit Sharing Plan and Trust ("Plan"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Adena Corporation Prevailing Wage Pension Plan transferred in to the Plan effective April 1, 2014.

The Plan covers employees who have completed one month of service and that are 18 years of age. The Plan entry dates are the first day of each month following eligibility satisfaction.

Effective January 1, 2014 the Company makes prevailing wage contribution on behalf of each participant who performs serviecs subject to the Davis Bacon Act or any other federal, state or municipal prevailing wage statutes. The prevailing wage contributions will be immediately 100% vested. Employees will be eligible for prevailing wage contributions regardless of age or service requirements applicable to any other contributions or elective deferrals.

MG Trust Company, LLC is the Plan's Custodian ("Custodian") for most of the Plan's investments except for the Prudential annuity contracts. Prudential is the custodian for the annuity contracts.

Contributions

Participants may voluntarily contribute their pre-tax annual compensation up to the IRS maximum allowable amount each year, as defined by the Plan. Participants may also rollover amounts representing distributions from other eligible retirement plans. All contributions are held in a trust and invested by the Plan's custodian in accordance with the options elected by the participants (i.e., all investments are participant-directed). Participants may elect to invest their contributions and the Company's discretionary matching and profit sharing contributions in 1% increments and change their salary deferral percentage on the first day of each month. The employer safe harbor match is 100% of salary deferrals up to 4% of compensation. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. All employer contributions are invested in the employee directed investments. The maximum allowable calendar-year pre-tax voluntary contribution, as determined by the Internal Revenue Service, was $18,000 and $18,000 for 2016 and 2015, respectively.

Note A - Description of Plan (continued)

Contributions (continued)

Effective January 1, 2014 the Company makes prevailing wage contribution on behalf of each participant who performs serviecs subject to the Davis Bacon Act or any other federal, state or municipal prevailing wage statutes. The prevailing wage contributions will be immediately 100% vested. Employees will be eligible for prevailing wage contributions regardless of age or service requirements applicable to any other contributions or elective deferrals.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of any administrative expenses. Allocations are based on participant earnings or account balance, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions along with Company Safe Harbor matching contributions plus actual earnings thereon. Employer discretionary contributions (and actual earnings thereon) vest according to the following schedule.

Years of Service	Vesting Percentage
Less than 1	0%
1	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Investment Options

Participants may direct the investment of all contributions into various investment options offered by the Plan. Participants may change their investment options at any time.

Note A - Description of Plan (continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts with a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. A participant may not have more than one loan outstanding at any time and no new loans may be made to a participant at a time when he or she is in default on any payment required to be made on a previous loan. The loans, which are collateralized by the balance in the participant's account, bear interest at Bank One Prime plus 1%, which was 4.25% to 4.50% at December 31, 2016. Interest rates for new loans are determined on the first business day of each calendar quarter. These rates are effective for all new loans initiated on or after the first business day of the following quarter, and will remain in effect until a new rate is established. Principal and interest are paid ratably through weekly payroll deductions. All loans except for residences are repaid within five years and have maturity dates from March 11, 2016 through July 10, 2020..

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2016 or 2015. If a participant ceases to make scheduled repayments and the Plan administrator deems the participant note receivable to be in default, the participant note receivable balance is reduced and a benefit payment recorded.

Forfeited Accounts

Forfeitures of terminated non-vested amounts are eligible to reduce employer discretionary, employer match contributions and are eligible to pay for Plan expenses.

Payment of Benefits

The entire vested balance of a participant's account may be distributed at the date of the participant's retirement from the Company, termination from service from the Company, death, or permanent and total disability. Participants, including terminated participants, may request a withdrawal of their accounts, excluding their employer matching and profit sharing contributions, in case of financial hardship. A participant who receives a distribution on account of hardship is prohibited from making deferrals for six months after receipt of the distribution. The normal retirement age, as defined by the Plan, is the date at which participants reach the age of 65. If a participant terminates before retirement, the participant will receive either a lump sum payment of their account balance or if the account exceeds $1,000, participant may elect to any distribution date up to age 70 1/2.

Note B - Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with generally accepted accounting principles.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted requires the plan's management to make estimates and assumptions that affect certain reported amounts of plan assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates. Management believes that these estimates and assumptions provide a reasonable basis for the fair presentation of the financial statements.

Uncertain Tax Positions

The Plan evaluates all significant tax positions as required by generally accepted accounting principles in the United States. As of December 31, 2016, the Plan does not believe that it has taken any tax positions that would require the recording of any additional tax liability nor does it believe that there are any unrealized tax benefits that would either increase or decrease within the next twelve months. The Plan's income tax returns are subject to examination by the appropriate regulatory authorities. As of December 31, 2016, the Plan's federal tax returns generally remain open for the last 6 years.

Administrative Expenses

The Company provides certain administrative and accounting services to the Plan at no cost. Most administrative expenses are paid directly by the Plan sponsor and include audit fees and legal fees. Administrative expenses incurred by the Plan include investment advisory fees, custodian fees, recordkeeping fees and loan fees charged directly to the participants' accounts.

Note B - Summary of Accounting Policies (continued)

Investment Valuation and Income Recognition

Investments reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note F for a further discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/ depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the plan year.

Earnings on investments, with the exception of participant loans, are allocated on a pro rata basis to individual participant accounts based on the type of investment and the ratio of each participant's individual account balance to the aggregate of participant account balances. The portion of interest included in each loan payment made by a participant is recognized as interest income in the participant's individual account.

The Reliance Trust Company Stable Value Fund invests in fully benefit-responsive investment contracts. This fund is recorded at fair value (see Note F); however, since these contracts are fully benefit-responsive, an adjustment is reflected in the statements of net assets available for benefits to present these investments at contract value. Contract value is the relevant measurement attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The contract value represents contributions plus earnings, less participant withdrawals and administrative expenses.

Net Change in Fair Value of Investments

The Plan presents in the Statement of Changes in Net Assets Available for Benefits the net change in the fair value of its investments, which consists of the realized gains or losses and the net unrealized increase (decrease) on those investments.

Concentration of Credit Risk

Financial instruments that potentially subject the Plan to concentrations of credit risk are part of the holdings in Plan's investments. Management believes that the Custodian maintains the Plan's investments with high credit quality institutions and attempts to limit the credit exposure to any particular investment.

Note B - Summary of Accounting Policies (continued)

Payments of Benefits

The Plan records benefit payments to withdrawing participants when paid. Under the rules for preparation of Form 5500, the Plan's Form 5500 will reflect an accrual for the amount to be paid to participants who withdrew from the Plan prior to year-end, and who had requested a distribution which was approved but not yet paid at period end, if any. There were no unpaid distributions at December 31, 2016 and 2015.

Reclassifications

Certain amounts in the Plan year 2015 financial statements have been reclassified to conform to the Plan year 2016 presentation, with no effect on the net assets available tor benefits.

Subsequent Events

The plan has evaluated subsequent events through October 5, 2017, the date the financial statements were available to be issued.

Note C - Information Prepared and Certified by Custodian

The following investment information was obtained or derived from information provided to the plan administrator and certified as complete and accurate by MG Trust Company, LLC, the custodian of the Plan for the years ended December 31, 2015 and 2014, respectively. The value of the Prudential annuity contract values were not certified.

Investments at fair value or contract value:	Shares at 2016	Amounts 2016	Shares at 2015	Amounts 2015
Quoted market prices or contract prices:				
Vanguard mutual funds:				
Energy ETF	4,133	$ 432,694	3,930	$ 326,624
FTSE All World Ex-US ETF	17,029	$ 752,341	15,749	$ 683,643
Growth ETF	8,465	$ 943,667	8,664	$ 921,742
Long-Term Bond ETF	191	$ 17,040	1	$ 59
SF REIT ETF	6,891	$ 568,726	7,262	$ 579,039
S&P 500 ETF	3,235	$ 664,143	3,386	$ 632,926
Smallcap Growth ETF	5,027	$ 669,276	5,193	$ 630,693
Total Stock Market ETF	771	$ 88,880	414	$ 43,188
Long-Term Corporate Bond	4,384	$ 391,748	4,519	$ 380,375
IShares mutual funds:				
Dow Jones US Basic Materials	6,195	$ 515,180	6,494	$ 458,041
TIPS Bond ETF	4,860	$ 550,037	4,861	$ 533,153
JP Morgan USD Emerging Market	4,890	$ 539,018	4,962	$ 524,837
MSCI Emerging Markets	13,695	$ 479,464	13,215	$ 425,387
Morningstar Large Core Index	5,734	$ 760,720	6,019	$ 716,670
S&P Midcap 400 Index	3,546	$ 586,370	3,722	$ 518,483
Comex Gold	263	$ 2,913	3,059	$ 31,298
MG Trust Company:				
Cash	0	$ 179,602	0	$ 37,387
Reliance Trust Company				
Stable Value Fund Series 25053	6,076	$ 995,939	7,248	$ 1,161,270
Information not certified by the custodian:				
Prudential:				
Annuity contracts		$ 209,812		$ 203,115

Note C - Information Prepared and Certified by Custodian (continued)

During 2015, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) (depreciation) in value by ($466,832)

Investment income certified by the custodian:	2016
Net (depreciation) in fair value of investments	$ 676,852
Net appreciation in contract value of investments	29,960
	706,812
Interest and dividends from investments	196,484
Net investment (loss) from investments	$ 903,296

Investment income not certified by the custodian:	2016
Net appreciation in Prudential annuity contract value of investments	$ 6,697

Note D - Investments

The following presents the fair value of investments that represent 5 percent or more of the Plan's net assets of $9,466,802 and $8,900,700 at December 31, 2016 and 2015, respectively:

Investments at fair value:	Shares at 2016	Shares at 2015	Amounts 2016	Amounts 2015
Quoted market prices:				
Vanguard mutual funds:				
Energy ETF				
FTSE All World Ex-US ETF	17,029	15,749	$ 752,341	$ 683,643
Growth ETF	8,465	8,664	$ 943,667	$ 921,742
SF REIT ETF	6,891	7,262	$ 568,726	$ 579,039
S&P 500 ETF	3,235	3,386	$ 664,143	$ 632,926
Smallcap Growth ETF	5,027	5,193	$ 669,276	$ 630,693
Long-Term Corporate Bond	4,384	4,519	$ 391,748	$ 380,375
IShares mutual funds:				
Dow Jones US Basic Materials	6,195	6,494	$ 515,180	$ 458,041
TIPS Bond ETF	4,860	4,861	$ 550,037	$ 533,153
JP Morgan USD Emerging Market	4,890	4,962	$ 539,018	$ 524,837
MSCI Emerging Markets	13,695	13,215	$ 479,464	$ 425,387
Morningstar Large Core Index	5,734	6,019	$ 760,720	$ 716,670
S&P Midcap 400 Index	3,546	3,722	$ 586,370	$ 518,483
Reliance Trust Company				
Stable Value Fund Series 25053	6,076	7,248	$ 995,939	$ 1,161,270
Other (under 5%)	5,358	7,404	$ 930,941	$ 641,671

Note E - Fair Value of Instruments

Unless otherwise indicated, the fair values of all reported assets and liabilities which represent financial instruments (none of which are held for trading purposes) approximate the carrying values of such amounts.

Note F - Fair Value Measurements

The FASB *Fair Value Measurement* standard clarifies the definition of fair value for financial reporting, establishes a framework for measuring fair value, and requires additional disclosure about the use of fair value measurements in an effort to make the measurement of fair value more consistent and comparable. The Plan has adopted this standard for its financial assets and liabilities measured on a recurring and nonrecurring basis (ASC 820-10).

Fair Value Measurement defines fair value as the amount that would be received from the sale of an asset or paid for the transfer of a liability in an orderly transaction between market participants, i.e., an exit price. To estimate an exit price, a three-tier hierarchy is used to prioritize the inputs:

Level 1: Quoted prices in active markets for identical securities. Inputs to the valuation methodology are unadjusted quoted market prices for identical assets or liabilities in active markets that the Plan has access.

Mutual Funds - These investments are public investment securities valued using the Net Asset Value (NAV) provided by the mutual funds. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is quoted in an active market.

Level 2: Other significant observable inputs (including quoted prices for similar securities, interest rates, prepayment spreads, credit risk, etc.).

Inputs to the valuation methodology include:

Quoted prices for similar assets or liabilities in active markets;

Quoted prices for identical or similar assets or liabilities in active markets;

Inputs other than quoted prices that are observable for the asset or liability;

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

Note F - Fair Value Measurements (continued)

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Prudential Annuity Contracts - These investments are life insurance annuities valued using the Net Asset Value (NAV) provided by the underlying mutual funds of the contract less the surrender charge of the policy and the related surrender charge fees. The NAV of the underlying mutual funds is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is quoted in an active market.

Reliance Trust Company Stable Value Fund Series 25053 - The fair value of the Contract is determined using level 2 inputs. The fair value of the investments is the Contract's pro-rata share of the securities in the underlying separate accounts in which the Contract participates.

Level 3: Significant unobservable inputs.

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Reliance Trust Company Stable Value Fund Series 25053- The wrapper investments held by the fund is classified as level 3 inputs. The fair value of the wrapper is determined by the discount revenue method, being 20 basis point of the guaranteed value over five years discounted by the LIBOR swap curve. The inputs used for valuing the Trust's assets are not necessarily an indication of the risk associate with these investments.

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

The methods described above may produce a fair value calculation that is not 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.

Note F - Fair Value Measurements (continued)

The table below segregates all financial assets and liabilities as of December 31, 2016 and 2015 that are measured at fair value on a recurring basis (at least annually) into the most appropriate level within the fair value hierarchy based on the inputs used to determine the fair value at the measurement date:

December 31, 2016	Level 1	Level 2	Level 3	Fair Value
Vanguard mutual funds:				
Energy ETF	$ 432,694	$ 0	$ 0	$ 432,694
FTSE All World Ex-US ETF	752,341	0	0	752,341
Growth ETF	943,667	0	0	943,667
Long-Term Bond ETF	17,040	0	0	17,040
SF REIT ETF	568,726	0	0	568,726
S&P 500 ETF	664,143	0	0	664,143
Smallcap Growth ETF	669,276	0	0	669,276
Total Stock Market ETF	88,880	0	0	88,880
Long-Term Corporate Bond	391,748	0	0	391,748
IShares mutual funds:				
Dow Jones US Basic Materials	515,180	0	0	515,180
TIPS Bond ETF	550,037	0	0	550,037
JP Morgan USD Emerging Market	539,018	0	0	539,018
MSCI Emerging Markets	479,464	0	0	479,464
Morningstar Large Core Index	760,720	0	0	760,720
S&P Midcap 400 Index	586,370	0	0	586,370
Comex Gold	2,913	0	0	2,913
MG Trust Company, LLC:				
Cash	179,602	0	0	179,602
Reliance Trust Company				
Stable Value Fund Series 25053	0	986,544	9,396	995,940
Prudential:				
Annuity contracts	0	209,812	0	209,812
Total	$ 8,141,819	$ 1,196,356	$ 9,396	$ 9,347,571

Note F - Fair Value Measurements (continued)

December 31, 2015	Level 1	Level 2	Level 3	Fair Value
Vanguard mutual funds:				
Energy ETF	$ 326,624	$ 0	$ 0	$ 326,624
FTSE All World Ex-US ETF	683,643	0	0	683,643
Growth ETF	921,742	0	0	921,742
Long-Term Bond ETF	59	0	0	59
SF REIT ETF	579,039	0	0	579,039
S&P 500 ETF	632,926	0	0	632,926
Smallcap Growth ETF	630,693	0	0	630,693
Total Stock Market ETF	43,188	0	0	43,188
Long-Term Corporate Bond	380,375	0	0	380,375
IShares mutual funds:				
Dow Jones US Basic Materials	458,041	0	0	458,041
TIPS Bond ETF	533,153	0	0	533,153
JP Morgan USD Emerging Market	524,837	0	0	524,837
MSCI Emerging Markets	425,387	0	0	425,387
Morningstar Large Core Index	716,670	0	0	716,670
S&P Midcap 400 Index	518,483	0	0	518,483
Comex Gold	31,298	0	0	31,298
MG Trust Company, LLC:				
Cash	37,387	0	0	37,387
Reliance Trust Company				
Stable Value Fund Series 25053	0	1,150,503	10,767	1,161,270
Prudential:				
Annuity contracts	0	203,115	0	203,115
Total	$ 7,443,545	$ 1,353,618	$ 10,767	$ 8,807,930

Note G - Plan Termination and Amendment

Although the Company has not expressed any intent to do so, the Company has the right, under the Plan agreement, to amend any or all provisions of the Plan, as well as terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts, and the net assets of the Plan must be allocated among the participants and beneficiaries of the Plan in the order provided for by ERISA.

Note H - Tax Status

The IRS had determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Note I - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, 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 the participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note J - Contributions Receivable

The December 31, 2016, employee and employer contribution receivable was received by the Plan in 2017. The December 31, 2015 employee and employer contributions were received before December 31, 2015 by the Plan.

Note K - Dividends Receivable

The December 31, 2016 and 2015 dividends receivable was received by the Plan in the following January.

Note L - Terminated Participants with Benefits

At December 31, 2016, 12 separated participants had account balances totaling $243,795, of which all was vested.

Note M - Forfeitures

At December 31, 2016, there were no unallocated forfeitures.

Note N - Related-Party and Party-In-Interest Transactions

Certain Plan investments are shares of mutual funds managed by MG Trust Company, LLC. MG Trust Company, LLC is the Custodian as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the custodial fees were $4,395 for year ended December 31, 2016.

Plan investment advisory is primarily performed by ESB Wealth. ESB Wealth is the investment advisor as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for these services was $21,976 for year ended December 31, 2016.

Plan recordkeeping is performed by ProTPA. ProTPA is the Third Party Administrator as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for these services was $21,386 for year ended December 31, 2016.

Plan investment advisory is also performed by Millennium Investment and Retirement. Millennium Investment and Retirement is the investment advisor as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for these services was $5,000 for year ended December 31, 2016.

Plan investment advisory is also performed by Prudential. Prudential is the investment advisor as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for these services was $3,735 for year ended December 31, 2016.

Note P - Reconciliation to IRS Form 5500

The following is a reconciliation of net assets available for benefits between the financial statements and IRS Form 5500 as of December 31, 2016.

	2016
Net assets available for benefits per the financial statements	$ 9,466,802
Add: Market value adjustment for Prudential annuity contracts	10,493
Net assets per IRS Form 5500	$ 9,477,295

The following is a reconciliation of investments between the financial statements and IRS Form 5500 as of December 31, 2016.

	2016
Investments at contract value per the financial statements	$ 209,812
Add: Market value adjustment for Prudential annuity contracts	10,493
Value of interest in registered investment companies per IRS Form 5500	$ 220,305

	2016
Investments income per the financial statements	$ 713,509
Add: Market value adjustment for Prudential annuity contracts	(1,987)
Net investment gain (loss) from registered investment companies (e.g. mutual funds) per IRS Form 5500	$ 711,522

Note Q - Subsequent Event

During 2017, the Plan discovered over contributions for the 2016 safe harbor match. Under Rev. Proc. 2016-51 the Plan will remove the over allocation and related earnings during the 2017 Plan year. The employer has implemented reasonable steps to correct. The overpayment, adjusted for earnings, will be returned by the participants to the Plan during 2017. The Plan will notify the participants of the excess amount. The amounts will be deposited into an unallocated account, and used to reduce future employer contributions.

Adena Corporation 401k Profit Sharing Plan and Trust

Supplemental Information

December 31, 2016

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

For the plan year beginning 01/01/2016 and ending 12/31/2016

Name of plan

Adena Corporation 401K Profit Sharing Plan And Trust

Employer Identification Number

34-1376430

Three-digit plan number ▶ 002

(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
	iShares	Comex Gold		2,913
	iShares	Dow Jones US Basic Materials		515,180
	iShares	JP Morgan USD Emerging Market		539,018
	iShares	Morningstar Large Core Index		760,720
	iShares	TIPS Bond ETF		550,037
	iShares	MSCI Emerging Markets		479,464
	iShares	S&P MidCap 400 Index		586,370
	Reliance Trust Company	Stable Value Fund		995,939
	Vanguard	Energy ETF		432,694
	Vanguard	FTSE All World ex-US ETF		752,341
	Vanguard	Growth ETF		943,667
	Vanguard	Long-Term Bond ETF		17,040
	Vanguard	Long-Term Corporate Bond		391,748
	Vanguard	S&P 500 ETF		664,143
	Vanguard	SF Reit ETF		568,726
	Vanguard	Smallcap Growth ETF		669,276
	Vanguard	Total Stock Market ETF		88,880
	Prudential	Annuities		220,305
	MG Trust Company	Cash		179,602
	Participant Loans	4.25 Interest		48,495

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

For the plan year beginning **01/01/2016** and ending **12/31/2016**

Name of plan
Adena Corporation 401K Profit Sharing Plan And Trust

Employer Identification Number
34-1376430

Three-digit plan number ► **002**

(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
	iShares	Comex Gold		2,913
	iShares	Dow Jones US Basic Materials		515,180
	iShares	JP Morgan USD Emerging Market		539,018
	iShares	Morningstar Large Core Index		760,720
	iShares	TIPS Bond ETF		550,037
	iShares	MSCI Emerging Markets		479,464
	iShares	S&P MidCap 400 Index		586,370
	Reliance Trust Company	Stable Value Fund		995,939
	Vanguard	Energy ETF		432,694
	Vanguard	FTSE All World ex-US ETF		752,341
	Vanguard	Growth ETF		943,667
	Vanguard	Long-Term Bond ETF		17,040
	Vanguard	Long-Term Corporate Bond		391,748
	Vanguard	S&P 500 ETF		664,143
	Vanguard	SF Reit ETF		568,726
	Vanguard	Smallcap Growth ETF		669,276
	Vanguard	Total Stock Market ETF		88,880
	Prudential	Annuities		220,305
	MG Trust Company	Cash		179,602
	Participant Loans	4.25 Interest		48,495