

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 2017 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>ADENA HEALTH SYSTEM RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>07/01/1969</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</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>740-779-7734</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.	10/15/2018	LISA M. CARLSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1481
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) 565
a(2) Total number of active participants at the end of the plan year	6a(2) 542
b Retired or separated participants receiving benefits	6b 228
c Other retired or separated participants entitled to future benefits	6c 574
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1344
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 43
f Total. Add lines 6d and 6e	6f 1387
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who 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:

1A 1C

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)** ☐ 0 **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ Round off amounts to nearest dollar.
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan ADENA HEALTH SYSTEM RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ADENA HEALTH SYSTEM	D Employer Identification Number (EIN) 31-4379443

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
---	---

Part I	Basic Information
---------------	--------------------------

1 Enter the valuation date: Month 01 Day 01 Year 2017			
2 Assets:			
a Market value	2a	50294752	
b Actuarial value	2b	49836279	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	248	9023207	9023207
b For terminated vested participants	669	15544799	15544799
c For active participants	565	20243644	20419454
d Total	1482	44811650	44987460
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.70 %	
6 Target normal cost	6	22226	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
Signature of actuary	09/24/2018	Date
SHEILA M PERSALL	17-06388	Most recent enrollment number
MERCER	614-227-5500	Telephone number (including area code)
Firm name		
325 JOHN H MCCONNELL BLVD. STE. 350 COLUMBUS, OH 43215-7644		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>11.35</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.91</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	110.77%
15 Adjusted funding target attainment percentage	15	110.77%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.62%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	22226	
b Excess assets, if applicable, but not greater than line 31a	31b	22226	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan ADENA HEALTH SYSTEM RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ADENA HEALTH SYSTEM	D Employer Identification Number (EIN) 31-4379443	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(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

(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

(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

(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)

MERCER

13-2834414

(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?
11 17	ACTUARY	885856	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MERCER INVESTMENT MANAGEMENT

30-0282430

(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 52	FIDUCIARY	131522	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STATE STREET BANK AND TRUST

04-1867445

(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?
25 28 99 62 56	TRUSTEE	20095	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

PLANTE & MORAN, PLLC

38-1357951

(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?
10	AUDITOR	12000	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>ADENA HEALTH SYSTEM RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ADENA HEALTH SYSTEM</u>	D Employer Identification Number (EIN) <u>31-4379443</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: US SHORT TERM GOVT/CREDIT BOND INDX

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST

c EIN-PN <u>90-0337987-230</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24243688</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: INTRMDTE US CREDIT INDEX NL SF CL A

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST

c EIN-PN <u>90-0337987-442</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21819046</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER LONG DURATION INVESTMENT GRA

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

c EIN-PN <u>26-6700496-016</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2596141</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>ADENA HEALTH SYSTEM RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ADENA HEALTH SYSTEM</u>	D Employer Identification Number (EIN) <u>31-4379443</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)	228298	229698
(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)		
(9) Value of interest in common/collective trusts.....	1c(9)	50066454	48658876
(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)		
(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	50294752 48888574
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	0 1077016
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 1077016
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	50294752 47811558

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	0
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0
	(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)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	0
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(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)		4211292
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4211292

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4536127	
(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)		4536127
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)	2158359	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2158359
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6694486

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2483194
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1500000
4e	X		1500000
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	
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?		X	
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?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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 4094286. (See instructions.)

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 2017 This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan ADENA HEALTH SYSTEM RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ADENA HEALTH SYSTEM		D Employer Identification Number (EIN) 31-4379443
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 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): 04-1867445		
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 74
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☒ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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: 0.0% Investment-Grade Debt: 100.0% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 0.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Adena Health System Retirement Plan

Financial Report
December 31, 2017

Adena Health System Retirement Plan

Contents

Independent Auditor's Report	1-2
Statement of Net Assets	3
Statement of Changes in Net Assets	4
Statement of Accumulated Plan Benefits	5
Statement of Changes in Accumulated Plan Benefits	6
Notes to Financial Statements	7-12
Schedule of Assets Held at End of Year - Liquidation Basis	13
Schedule of Reportable Transactions - Liquidation Basis	14-15

Independent Auditor's Report

To the Audit Committee
Adena Health System Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Adena Health System Retirement Plan (the "Plan"), which comprise the statement of net assets and accumulated plan benefits as of December 31, 2016 and the statements of changes in net assets and changes in accumulated plan benefits for the year then ended and the statement of net assets in liquidation as of December 31, 2017 and the related statement of changes in net assets in liquidation for the year 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 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 State Street Bank & Trust Company (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes related transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2017 and 2016 that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

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

Emphasis of Matter

As discussed in Note 4 to the financial statements, the plan sponsor of Adena Health System Retirement Plan approved termination of the Plan effective June 5, 2017, and management determined liquidation is imminent. As a result, the Plan changed its basis of accounting for periods subsequent to December 31, 2016 from the going-concern basis to a liquidation basis. Our opinion is not modified with respect to this matter.

To the Audit Committee
Adena Health System Retirement Plan

Other Matter

The supplemental schedules of assets held at end of year in liquidation as of December 31, 2017 and reportable transactions in liquidation for the year ended December 31, 2017 are required by the Department of Labor's (DOL) 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 these supplemental schedules.

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 schedules, other than that derived from the information certified by the Trustee, 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.

Plante & Moreau, PLLC

Columbus, Ohio
September 10, 2018

Adena Health System Retirement Plan

Statement of Net Assets

December 31, 2017 and 2016			
		2017	2016
		(in Liquidation)	(Ongoing)
Assets			
Investments at fair value:			
Money market fund		\$ 229,698	\$ 228,298
Common collective trust funds		48,658,876	50,066,454
Total investments at fair value		48,888,574	50,294,752
Liabilities			
Accrued liabilities		261,306	-
Accrued expenses expected to be incurred in liquidation		815,710	-
Net Assets		\$ 47,811,558	\$ 50,294,752

Adena Health System Retirement Plan

Statement of Changes in Net Assets

Years Ended December 31, 2017 and 2016

	2017 (in Liquidation)	2016 (Ongoing)
Additions to Net Assets - Net realized and unrealized gains in fair value of investments	\$ 4,211,291	\$ 5,287,559
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	4,536,127	3,172,857
Administrative expenses - Professional fees	2,158,358	20,020
Total deductions	6,694,485	3,192,877
(Decrease) Increase in Net Assets	(2,483,194)	2,094,682
Net Assets		
Beginning of year	50,294,752	48,200,070
End of year	<u><u>\$ 47,811,558</u></u>	<u><u>\$ 50,294,752</u></u>

Adena Health System Retirement Plan

Statement of Accumulated Plan Benefits

December 31, 2016
(Ongoing)

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits:

Participants currently receiving benefit payments	\$ 9,821,049
Other vested participants	<u>37,661,644</u>

Total vested benefits 47,482,693

Nonvested benefits 146,723

Total Actuarial Present Value of Accumulated Plan Benefits \$ 47,629,416

Adena Health System Retirement Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2016
(Ongoing)

Actuarial Present Value of Accumulated Plan Benefits - Beginning of year	\$ 44,586,678
Increase (decrease) during the year attributable to:	
Benefits accumulated and losses	755,444
Increase for interest due to the decrease in the discount period	2,572,083
Benefits paid	(3,172,857)
Changes in actuarial assumptions	<u>2,888,068</u>
Net increase	<u>3,042,738</u>
Actuarial Present Value of Accumulated Plan Benefits - End of year	<u><u>\$ 47,629,416</u></u>

December 31, 2017 and 2016

Note 1 - Plan Description

The following description of Adena Health System Retirement 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 noncontributory defined benefit plan that provides benefits to eligible participants, as determined according to the plan agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective July 1, 2004, the Plan was frozen. All participants of the Plan who have attained age 55 and completed at least five years of service are grandfathered into continuing benefit accruals. For all other participants, subsequent benefits and service credits have ceased to accrue, and no new participants are allowed in the Plan subsequent to July 1, 2004.

The plan sponsor has approved a plan to freeze benefit accruals and terminate the Plan, effective June 5, 2017. Upon the termination of the Plan, participants will become fully vested in the Plan.

Effective September 2017, the Plan has filed for approval for termination of the Plan with the Internal Revenue Service. Approval for termination was granted by the Internal Revenue Service effective August 2018. Accordingly, the descriptions below are provisions of the Plan prior to termination.

Plan Operations

Under a trust agreement, State Street Bank & Trust Company (the "Trustee") was appointed trustee of the Plan. In accordance with the powers and duties of the Trustee, as designated by Adena Health System (the "Hospital"), the Trustee administers the Plan in accordance with the orders of the pension committee and invests the Plan's assets and the income therefrom, as directed by the Plan's investment manager, based on investment guidelines established by the pension committee. Certain administrative fees incurred in administering the Plan are paid by the Hospital.

Eligibility and Vesting

Employees who are at least 21 years old and a participant of the Plan prior to the Plan freezing on July 1, 2004 became participants in the Plan after completing one year of service in which they worked at least 800 hours. Employees are fully vested for normal retirement benefits after five years of service. Participants considered grandfathered are fully vested after three years of service, if employed after January 1, 2008.

Pension Benefits

Participants are eligible for basic monthly retirement benefit payments upon reaching the age of 65, with a minimum of five years of service after age 21. Retirement benefits are the greater of (1) accrued points earned for years of service and age times the participant's highest average compensation for any 36 consecutive months preceding retirement, termination, or death (PEP balance), (2) the participant's PEP balance for the prior year plus interest earned to date of termination, or (3) the participant's PEP balance as of December 31, 1997 converted to a lump-sum amount.

Retirement benefits are also provided to vested employees who have become fully disabled. The benefit is equal to the employee's accrued benefit on the date of disability.

Death Benefits

In certain circumstances, if an active or terminated employee who has a vested interest in the Plan dies prior to his or her normal retirement age, the surviving spouse or designated beneficiary shall receive a survivor benefit, as defined in the Plan.

December 31, 2017 and 2016

Note 1 - Plan Description (Continued)

Funding

Contributions are made by the Hospital in actuarially determined amounts. Annual contributions meet or exceed the minimum funding requirements of ERISA.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by State Street Bank & Trust Company or its affiliates. State Street Bank & Trust Company is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

As discussed in Note 4 to the financial statements, the plan sponsor approved to terminate the Plan effective June 5, 2017. As a result, the Plan changed its basis of accounting for periods subsequent to December 31, 2016 from the going-concern basis to the liquidation basis.

Under the liquidation basis of accounting, assets are measured to reflect the estimated amount of cash expected to be collected in settling or disposing of the assets during the liquidation process, and liabilities are measured using the accrual basis of accounting and would include any expected costs of the disposal of assets and other costs expected to be incurred during the liquidation process.

Investment Valuation

The Plan's investments are stated at fair value.

The common collective trust funds are valued at net asset value per share or its equivalent of the funds, which is based on the fair value of the funds' underlying assets. The money market fund is valued at fair value based on its outstanding balance. 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.

Actuarial Assumptions

The actuarial present value of accumulated plan benefits is determined by an actuary from Mercer and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

December 31, 2017 and 2016**Note 2 - Summary of Significant Accounting Policies (Continued)**

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2016 are summarized as follows:

Actuarial cost method	Unit credit valuation method
Discount rate	5.00 percent
Mortality basis	RP-2014 generational mortality table using projection scale MP-2017.
Disability basis	Revenue Ruling 96-7 disability table

<u>Retirement Age</u>	<u>Rate of Retirement</u>
55	9%
56	8
57	11
58	6
59	7
60	9
61	16
62	21
63	8
64	16
65	30
66	30
67	65
68	11
69	22
70 and above	100

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. As discussed in Note 4, subsequent to the date of the actuary report, the Plan began the process of liquidation. Had liquidation been considered, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The effect of the termination has, therefore, not been reflected in the accumulated plan benefits as of January 1, 2017.

Actuarial Assumptions Changes Since Prior Valuation

- The discount rate was increased from 6.00 percent to 5.00 percent.
- The cash balance interest credit rate was changed from 3.03 percent interest for 2016, 3.25 percent for 2017, 3.50 percent for 2018, 3.75 percent for 2019, 4.00 percent for 2020, 4.30 percent for 2021 and afterwards to 2.86 percent for 2017, 3.25 percent for 2018, 3.75 percent for 2019, and 4.25 percent for 2020 and thereafter.
- The mortality assumption for healthy participants was changed from RP-2014 generational mortality table using projection scale MP-2014 to RP-2016 generational mortality table using projection scale MP-2017.

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 assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

December 31, 2017 and 2016

Note 2 - Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties

Contributions to the Plan and the accumulated plan benefits are the actuarial present value of accumulated plan benefits and are reported based on certain assumptions pertaining to interest rates, inflation rates, participant demographics, and other assumptions. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and that, due to the uncertainties inherent in setting assumptions, the effect of such changes could be material to the financial statements.

Investment securities are exposed to various risks, such as interest rate, market, and credit risks. 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 financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including September 10, 2018, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

State Street Bank & Trust Company (the "Trustee") holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements, supplemental schedules of assets held at end of year - liquidation basis, and reportable transactions - liquidation basis are based solely on information provided by the Trustee.

Note 4 - Termination - Liquidation Basis

Effective June 5, 2017, the plan sponsor elected to terminate the Plan. The Plan adopted the liquidation basis of accounting in fiscal year 2017. Under the liquidation basis of accounting, assets are recorded at the amount expected to be collected, and liabilities are recorded at amounts expected to be paid during the course of liquidation.

Liquidation of assets through distributions to participants is expected to occur during 2018.

Note 5 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

The Plan received approval from the Internal Revenue Service for the Plan's termination effective August 9, 2018.

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.

December 31, 2017 and 2016

Note 6 - Fair Value Measurements (Continued)

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2017 and 2016.

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 of input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgement and considers factors specific to each asset.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2017				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Money market fund	\$ 229,698	\$ -	\$ 229,698	\$ -
Investments measured at NAV - Common collective trust funds - Fixed-income investments	48,658,876			
Total investments at fair value	<u>\$ 48,888,574</u>			
Assets Measured at Fair Value on a Recurring Basis at December 31, 2016				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Money market fund	\$ 228,298	\$ -	\$ 228,298	\$ -
Investments measured at NAV - Common collective trust funds:				
Equity investments (1)	15,400,635			
Fixed-income investments (2)	34,665,819			
Total investments at fair value	<u>\$ 50,294,752</u>			

December 31, 2017 and 2016

Note 6 - Fair Value Measurements (Continued)

- (1) This class represents investments in actively managed common collective trust funds 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 common collective trust funds 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.

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 2017 and 2016.

Adena Health System Retirement Plan

Schedule of Assets Held at End of Year - Liquidation Basis

Form 5500, Schedule H, Line 4i
EIN 31-4379443, Plan No. 001
December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
State Street Bank & Trust Co*	Money market fund - GSTIF 25 BPS	\$ 229,698	\$ 229,698
	Common collective trust funds:		
Mercer Global Investments	MGI Long Duration Fixed Income	1,827,522	2,596,141
State Street Bank & Trust Co*	Intermediate Credit Index NL	21,664,492	21,819,047
State Street Bank & Trust Co*	SSGA U.S. Short Term	24,225,919	24,243,688
	Total	<u>\$ 47,947,631</u>	<u>\$ 48,888,574</u>

*Denotes a party in interest

Adena Health System Retirement Plan

Schedule of Reportable Transactions - Liquidation Basis

Form 5500, Schedule H, Line 4j
 EIN 31-4379443, Plan No. 001
 Year Ended December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
State Street Bank & Trust Co	GSTIF 25 BPS	\$ 34,656,991	\$ -	\$ 34,656,991	\$ 34,656,991	\$ -
State Street Bank & Trust Co	GSTIF 25 BPS	-	21,012,723	21,012,723	21,012,723	-
State Street Bank & Trust Co	GSTIF 25 BPS	-	11,965,107	11,965,107	11,965,107	-
State Street Bank & Trust Co	Intermediate Credit Index NL	11,965,107	-	11,695,107	11,695,107	-
State Street Bank & Trust Co	Intermediate Credit Index NL	11,665,079	-	11,665,079	11,665,079	-
Mercer Global Investments	MGI US Passive Fixed Income CT	4,362,238	-	4,362,238	4,362,238	-
Mercer Global Investments	MGI US Passive Fixed Income CT	-	13,193,348	13,049,342	13,193,348	144,006
State Street Bank & Trust Co	SSGA U.S. Short Term	21,012,723	-	21,012,723	21,012,723	-
State Street Bank & Trust Co	SSGA U.S. Short Term	4,940,000	-	4,940,000	4,940,000	-
Mercer Global Investments	MGI Long Duration Fixed Income	-	9,938,531	7,250,149	9,938,531	2,688,382
Mercer Global Investments	MGI Long Duration Fixed Income	-	5,440,000	3,850,727	5,440,000	1,589,273
Mercer Global Investments	Mercer U.S. Core Fixed Inc CT	-	4,384,923	4,302,326	4,384,923	82,597
Mercer Global Investments	MGI U.S. Large Cap	-	3,098,859	2,043,495	3,098,859	1,055,364
Mercer Global Investments	MGI U.S. Large Cap	-	6,017,168	3,876,050	6,017,168	2,141,118
Mercer Global Investments	MGI Long Duration	-	3,386,457	2,594,262	3,386,457	792,195
Mercer Global Investments	MGI Long Duration Passive	-	3,270,864	2,520,577	3,270,864	750,287
Mercer Global Investments	MGI Non U.S. Core	-	2,854,114	1,992,908	2,854,114	861,206

Category (iii) - A series of transactions with respect securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan asset.

State Street Bank & Trust Co	GSTIF 25 PS:					
	Purchases - 30	39,217,658	-	39,217,658	39,217,658	-
	Sales - 53	-	39,216,236	39,216,236	39,216,236	-
State Street Bank & Trust Co	Intermediate Credit Index NL:					
	Purchases - 3	24,130,186	-	24,130,186	24,130,186	-
	Sales - 10	-	2,477,351	2,465,694	2,477,351	11,657
Mercer Global Investments	MGI U.S. Passive Fixed Income CT:					
	Purchases - 1	4,362,238	-	4,362,238	4,362,238	-
	Sales - 1	-	13,193,348	13,049,342	13,193,348	144,006
State Street Bank & Trust Co	SSGA U.S. Short Term:					
	Purchases - 2	25,952,723	-	25,952,723	25,952,723	-
	Sales - 9	-	1,730,052	1,726,804	1,730,052	3,248

Adena Health System Retirement Plan

Schedule of Reportable Transactions - Liquidation Basis (Continued)

Form 5500, Schedule H, Line 4j
EIN 31-4379443, Plan No. 001
Year Ended December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Mercer Global Investments	MGI Long Duration Fixed Income - Sales - 4	\$ -	\$ 15,578,871	\$ 11,245,867	\$ 15,578,871	\$ 4,333,004
Mercer Global Investments	Mercer U.S. Core Fixed Inc CT: Purchases - 1 Sales - 1	1,368,603 -	- 4,384,923	1,368,603 4,302,326	1,368,603 4,384,923	- 82,597
Mercer Global Investments	MGI U.S. Large Cap - Sales - 6	-	9,451,740	6,144,660	9,451,740	3,307,080
Mercer Global Investments	MGI Long Duration: Purchases - 1 Sales - 3	14,439 -	- 3,711,719	14,439 2,846,944	14,439 3,711,719	- 864,775
Mercer Global Investments	MGI Long Duration Passive - Sales - 3	-	3,450,835	2,665,596	3,450,835	785,239
Mercer Global Investments	MGI Non U.S. Core - Sales - 4	-	4,767,568	3,384,040	4,767,568	1,383,528

There were no Category (ii) or (iv) reportable transactions during the year.

Schedule SB, line 26 — Schedule of Active Participant Data

ATTAINED AGE	YEARS OF CREDITED SERVICE										
	UNDER 1	1–4	5–9	10– 14	15– 19	20– 24	25– 29	30– 34	35– 39	40 & UP	TOTAL
Under 25											
25–29											
30–34		6									6
35–39		53	20								73
40–44		28	43	4							75
45–49		24	43	20	7						94
50–54	1	26	28	15	18	8					96
55–59		10	41	23	13	20	17				124
60–64		10	24	11	7	10	12	4			78
65–69		2	3	1	3	1	2	1		2	15
70 & up		1	2							1	4
Total	1	160	204	74	48	39	31	5		3	565

In each cell, the top number is the count of active participants for each age/service combination. Average pay is not shown for plans with less than 1,000 active participants or cells with fewer than 20 participants.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

ACTUARIAL ASSUMPTIONS

DISCOUNT RATE SPONSOR ELECTIONS				
• Segment rates or full yield curve	Segment			
• Look-back months	0			
	<u>Stabilized Rates</u>	<u>Non Stabilized Rates</u>		
• First 5 years	4.16%	1.57%		
• Next 15 years	5.72%	3.77%		
• Over 20 years	6.48%	4.73%		
Rationale: Given the segment rate and look-back elections made by Adena Health System, the stabilized and non-stabilized rates are those prescribed by IRS Section 430 and relevant regulations.				
MORTALITY SPONSOR ELECTIONS				
• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and non-annuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.			
• Pre-1995 disabilities	Revenue Ruling 96-7 table for participants who became disabled before 1995			
• Post-1994 disabilities	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits Rationale: Selected from a set of allowable alternatives, as prescribed by the IRS			
CASH BALANCE PLANS				
• Interest accumulation rate	See table of sample rates. Rationale: Based on the current interest accumulation rate being used by the plan for 2017 with step-rate increases to the long-term average expected yield on 30-year U.S. Treasury securities published in Mercer Investment Consulting’s <i>Capital Market Outlook</i> .			
• Whipsaw calculations	No			

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

• Annuity conversion	
– Mortality table	2017 PPA unisex mortality
– Interest rate basis	Funding segment rates
– Rationale	These are the IRS prescribed rates and mortality tables. The valuation methodology is prescribed by the IRS.
OTHER ECONOMIC ASSUMPTIONS	
• Salary increases	3.00% per year Rationale: Based on management's expectation for the small group of grandfathered participants in the plan.
• Social Security wage base	Not applicable
• Inflation	2.25% per year Rationale: Based on a long-term view of inflation using capital market assumptions published in Mercer Investment Consulting's <i>Capital Market Outlook</i> .
• Expected investment return	5.50% for 2015, 6.00% for 2016, and 5.00% for 2017. Rationale: The expected investment return is based on the median (50th percentile) simulated investment return using capital market assumptions published in Mercer Investment Consulting's <i>Capital Market Outlook</i> for the plan's target asset mix, net of an adjustment of 20 basis points for investment expenses assumed to be paid from plan assets. The decrease in the expected return on assets assumption is due to the prospective change in asset allocation. Adena Health System has changed its target allocation mix to be 30% equity and 70% fixed income investments.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Expenses	Prior year administrative expenses rounded up to the next \$1,000 (\$20,000 for 2016 and \$21,000 for 2017). Expected expenses for 2017, \$15,750, are nine (9) months of the annual amount due to the short plan year created for minimum funding purposes as a result of the plan termination effective September 30, 2017. Rationale: Expenses are based on year-by-year experience for actual administrative expenses paid from plan assets. Adjustments are made for any known significant changes.
DEMOGRAPHIC ASSUMPTIONS	
Withdrawal	Rates are a function of attained age based off of the 2003 SOA study table adjusted with a multiplicative load of 140% to reflect actual plan experience. See table of sample rates. Rationale: The withdrawal rates are assumed to follow the Society of Actuaries 2003 10-year select and ultimate turnover table. The experience study undertaken in 2014 using data from 2008 to 2013 has shown that this table, adjusted by 140%, produced a reasonable approximation of the rates of termination experienced by the plan.
Disability incidence	None
Retirement age	Rates are a function of attained age based off of actual plan experience. See table of sample rates. Rationale: The retirement rates are based on an experience study undertaken in 2014 using data from 2008 through 2013 and the expectation that the future retirement patterns will not differ significantly from the period studied.
Benefit commencement age for	

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

– Future vested deferred – Current vested deferred 60 60 Rationale: The benefit commencement ages are based on an experience study undertaken in 2014 using data from 2008 through 2013 and the expectation that future commencement ages will not differ significantly from the period studied.		
• Spouse assumptions	<u>MALE PARTICIPANTS</u>	<u>FEMALE PARTICIPANTS</u>
– Percentage married	100%	100%
– Spouse age difference	3 years younger	3 years older

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

FORM OF PAYMENT – MALES/FEMALES	<u>LUMP SUM</u>	<u>SINGLE LIFE</u>	
• Active retirements	90%	10%	
• Future vested deferred	90%	10%	
• Future disabilities	n/a	n/a	
• Future deaths	100%	0%	
• Current pre-1988 vested deferred	0%	100%	
• Current post-1997 vested deferred	90%	10%	
Rationale: The form of payment assumption for the participant groups above are based on an experience study undertaken in 2014 using data from 2008 through 2013 and the expectation that the future form of payment election patterns will not differ significantly from the period studied.			
UNPREDICTABLE CONTINGENT EVENT ASSUMPTIONS	Not applicable		

Table of Sample Rates

ATTAINED AGE	WITHDRAWAL RATE
25	14.28%
30	9.94
35	8.40
40	7.70
45	7.00
50	6.30
55	5.60
60	4.90
65	0.00

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

ATTAINED AGE	RETIREMENT RATE	ATTAINED AGE	RETIREMENT RATE
55	9.00%	63	8.00%
56	8.00	64	16.00
57	11.00	65	30.00
58	6.00	66	30.00
59	7.00	67	65.00
60	9.00	68	11.00
61	16.00	69	22.00
62	21.00	70+	100.00

YEAR	INTEREST CREDIT RATE
2017	2.86%
2018	3.25
2019	3.75
2020+	4.25

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***ACTUARIAL METHODS****Asset Methods**

The asset valuation method is an average of the adjusted market value for each year during the last 24 months preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. Effective July 1, 2004, the plan was closed to new employees hired on or after that date.
- **Insurance contracts:** The plan does not have any insurance contracts

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Adena Health System Retirement Plan

Schedule of Reportable Transactions - Liquidation Basis

Form 5500, Schedule H, Line 4j
 EIN 31-4379443, Plan No. 001
 Year Ended December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
State Street Bank & Trust Co	GSTIF 25 BPS	\$ 34,656,991	\$ -	\$ 34,656,991	\$ 34,656,991	\$ -
State Street Bank & Trust Co	GSTIF 25 BPS	-	21,012,723	21,012,723	21,012,723	-
State Street Bank & Trust Co	GSTIF 25 BPS	-	11,965,107	11,965,107	11,965,107	-
State Street Bank & Trust Co	Intermediate Credit Index NL	11,965,107	-	11,695,107	11,695,107	-
State Street Bank & Trust Co	Intermediate Credit Index NL	11,665,079	-	11,665,079	11,665,079	-
Mercer Global Investments	MGI US Passive Fixed Income CT	4,362,238	-	4,362,238	4,362,238	-
Mercer Global Investments	MGI US Passive Fixed Income CT	-	13,193,348	13,049,342	13,193,348	144,006
State Street Bank & Trust Co	SSGA U.S. Short Term	21,012,723	-	21,012,723	21,012,723	-
State Street Bank & Trust Co	SSGA U.S. Short Term	4,940,000	-	4,940,000	4,940,000	-
Mercer Global Investments	MGI Long Duration Fixed Income	-	9,938,531	7,250,149	9,938,531	2,688,382
Mercer Global Investments	MGI Long Duration Fixed Income	-	5,440,000	3,850,727	5,440,000	1,589,273
Mercer Global Investments	Mercer U.S. Core Fixed Inc CT	-	4,384,923	4,302,326	4,384,923	82,597
Mercer Global Investments	MGI U.S. Large Cap	-	3,098,859	2,043,495	3,098,859	1,055,364
Mercer Global Investments	MGI U.S. Large Cap	-	6,017,168	3,876,050	6,017,168	2,141,118
Mercer Global Investments	MGI Long Duration	-	3,386,457	2,594,262	3,386,457	792,195
Mercer Global Investments	MGI Long Duration Passive	-	3,270,864	2,520,577	3,270,864	750,287
Mercer Global Investments	MGI Non U.S. Core	-	2,854,114	1,992,908	2,854,114	861,206

Category (iii) - A series of transactions with respect securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan asset.

State Street Bank & Trust Co	GSTIF 25 PS:					
	Purchases - 30	39,217,658	-	39,217,658	39,217,658	-
	Sales - 53	-	39,216,236	39,216,236	39,216,236	-
State Street Bank & Trust Co	Intermediate Credit Index NL:					
	Purchases - 3	24,130,186	-	24,130,186	24,130,186	-
	Sales - 10	-	2,477,351	2,465,694	2,477,351	11,657
Mercer Global Investments	MGI U.S. Passive Fixed Income CT:					
	Purchases - 1	4,362,238	-	4,362,238	4,362,238	-
	Sales - 1	-	13,193,348	13,049,342	13,193,348	144,006
State Street Bank & Trust Co	SSGA U.S. Short Term:					
	Purchases - 2	25,952,723	-	25,952,723	25,952,723	-
	Sales - 9	-	1,730,052	1,726,804	1,730,052	3,248

Adena Health System Retirement Plan

Schedule of Reportable Transactions - Liquidation Basis (Continued)

Form 5500, Schedule H, Line 4j
EIN 31-4379443, Plan No. 001
Year Ended December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Mercer Global Investments	MGI Long Duration Fixed Income - Sales - 4	\$ -	\$ 15,578,871	\$ 11,245,867	\$ 15,578,871	\$ 4,333,004
Mercer Global Investments	Mercer U.S. Core Fixed Inc CT: Purchases - 1 Sales - 1	1,368,603 -	- 4,384,923	1,368,603 4,302,326	1,368,603 4,384,923	- 82,597
Mercer Global Investments	MGI U.S. Large Cap - Sales - 6	-	9,451,740	6,144,660	9,451,740	3,307,080
Mercer Global Investments	MGI Long Duration: Purchases - 1 Sales - 3	14,439 -	- 3,711,719	14,439 2,846,944	14,439 3,711,719	- 864,775
Mercer Global Investments	MGI Long Duration Passive - Sales - 3	-	3,450,835	2,665,596	3,450,835	785,239
Mercer Global Investments	MGI Non U.S. Core - Sales - 4	-	4,767,568	3,384,040	4,767,568	1,383,528

There were no Category (ii) or (iv) reportable transactions during the year.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan ADENA HEALTH SYSTEM RETIREMENT PLAN	<table style="width:100%;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ▶</td> <td style="width:30%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ▶	001
B Three-digit plan number (PN) ▶	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ADENA HEALTH SYSTEM	D Employer Identification Number (EIN) 31-4379443		
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500			

Part I Basic Information				
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>				
2 Assets:				
a Market value	2a	50,294,752		
b Actuarial value	2b	49,836,279		
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
a For retired participants and beneficiaries receiving payment	248	9,023,207	9,023,207	
b For terminated vested participants	669	15,544,799	15,544,799	
c For active participants	565	20,243,644	20,419,454	
d Total	1,482	44,811,650	44,987,460	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐				
a Funding target disregarding prescribed at-risk assumptions	4a			
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b			
5 Effective interest rate	5	5.70%		
6 Target normal cost	6	22,226		

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>9/24/2018</u> Date 1706388 Most recent enrollment number 614-227-5500 Telephone number (including area code)
SHEILA M PERSALL Type or print name of actuary		
MERCER Firm name		
325 JOHN H MCCONNELL BLVD. STE. 350 COLUMBUS OH 43215-7644 Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4 . 16 %	2nd segment: 5 . 72 %	3rd segment: 6 . 48 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 61
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No			
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)			30 0
Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....			31a 22,226
b Excess assets, if applicable, but not greater than line 31a			31b 22,226
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			39 0
40 Unpaid minimum required contributions for all years			40 0
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)			
41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected ☐ 2 plus 7 years ☐ 15 years			
b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011			
42 Amount of acceleration adjustment			42
43 Excess installment acceleration amount to be carried over to future plan years			43

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 61.

(A)	(B)	(C)	(D)	(E)
Retirement age	Retirement Percent	Lx	Number of employees expected to retire (B) x (C)	(A) x (D)
55	9.0%	10,000.00	900.00	49,500.00
56	8.0%	9,100.00	728.00	40,768.00
57	11.0%	8,372.00	920.92	52,492.44
58	6.0%	7,451.08	447.06	25,929.76
59	7.0%	7,004.02	490.28	28,926.58
60	9.0%	6,513.73	586.24	35,174.16
61	16.0%	5,927.50	948.40	57,852.38
62	21.0%	4,979.10	1045.61	64,827.86
63	8.0%	3,933.49	314.68	19,824.78
64	16.0%	3,618.81	579.01	37,056.60
65	30.0%	3,039.80	911.94	59,276.09
66	30.0%	2,127.86	638.36	42,131.62
67	65.0%	1,489.50	968.18	64,867.80
68	11.0%	521.33	57.35	3,899.52
69	22.0%	463.98	102.08	7,043.21
70	100.0%	361.90	361.90	25,333.30
Total			10,000.00	614,904.09
Average				61.49

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***ACTUARIAL ASSUMPTIONS**

DISCOUNT RATE SPONSOR ELECTIONS			
• Segment rates or full yield curve	Segment		
• Look-back months	0		
	<u>Stabilized Rates</u>	<u>Non Stabilized Rates</u>	
• First 5 years	4.16%	1.57%	
• Next 15 years	5.72%	3.77%	
• Over 20 years	6.48%	4.73%	
Rationale: Given the segment rate and look-back elections made by Adena Health System, the stabilized and non-stabilized rates are those prescribed by IRS Section 430 and relevant regulations.			
MORTALITY SPONSOR ELECTIONS			
• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and non-annuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.		
• Pre-1995 disabilities	Revenue Ruling 96-7 table for participants who became disabled before 1995		
• Post-1994 disabilities	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits Rationale: Selected from a set of allowable alternatives, as prescribed by the IRS		
CASH BALANCE PLANS			
• Interest accumulation rate	See table of sample rates. Rationale: Based on the current interest accumulation rate being used by the plan for 2017 with step-rate increases to the long-term average expected yield on 30-year U.S. Treasury securities published in Mercer Investment Consulting's <i>Capital Market Outlook</i> .		
• Whipsaw calculations	No		

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

• Annuity conversion	
– Mortality table	2017 PPA unisex mortality
– Interest rate basis	Funding segment rates
– Rationale	These are the IRS prescribed rates and mortality tables. The valuation methodology is prescribed by the IRS.
OTHER ECONOMIC ASSUMPTIONS	
• Salary increases	3.00% per year Rationale: Based on management's expectation for the small group of grandfathered participants in the plan.
• Social Security wage base	Not applicable
• Inflation	2.25% per year Rationale: Based on a long-term view of inflation using capital market assumptions published in Mercer Investment Consulting's <i>Capital Market Outlook</i> .
• Expected investment return	5.50% for 2015, 6.00% for 2016, and 5.00% for 2017. Rationale: The expected investment return is based on the median (50th percentile) simulated investment return using capital market assumptions published in Mercer Investment Consulting's <i>Capital Market Outlook</i> for the plan's target asset mix, net of an adjustment of 20 basis points for investment expenses assumed to be paid from plan assets. The decrease in the expected return on assets assumption is due to the prospective change in asset allocation. Adena Health System has changed its target allocation mix to be 30% equity and 70% fixed income investments.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Expenses	Prior year administrative expenses rounded up to the next \$1,000 (\$20,000 for 2016 and \$21,000 for 2017). Expected expenses for 2017, \$15,750, are nine (9) months of the annual amount due to the short plan year created for minimum funding purposes as a result of the plan termination effective September 30, 2017. Rationale: Expenses are based on year-by-year experience for actual administrative expenses paid from plan assets. Adjustments are made for any known significant changes.
DEMOGRAPHIC ASSUMPTIONS	
Withdrawal	Rates are a function of attained age based off of the 2003 SOA study table adjusted with a multiplicative load of 140% to reflect actual plan experience. See table of sample rates. Rationale: The withdrawal rates are assumed to follow the Society of Actuaries 2003 10-year select and ultimate turnover table. The experience study undertaken in 2014 using data from 2008 to 2013 has shown that this table, adjusted by 140%, produced a reasonable approximation of the rates of termination experienced by the plan.
Disability incidence	None
Retirement age	Rates are a function of attained age based off of actual plan experience. See table of sample rates. Rationale: The retirement rates are based on an experience study undertaken in 2014 using data from 2008 through 2013 and the expectation that the future retirement patterns will not differ significantly from the period studied.
Benefit commencement age for	

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

– Future vested deferred	60	Rationale: The benefit commencement ages are based on an experience study undertaken in 2014 using data from 2008 through 2013 and the expectation that future commencement ages will not differ significantly from the period studied.	
– Current vested deferred	60		
• Spouse assumptions	<u>MALE PARTICIPANTS</u>	<u>FEMALE PARTICIPANTS</u>	
– Percentage married	100%	100%	
– Spouse age difference	3 years younger	3 years older	

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

FORM OF PAYMENT – MALES/FEMALES	<u>LUMP SUM</u>	<u>SINGLE LIFE</u>	
• Active retirements	90%	10%	
• Future vested deferred	90%	10%	
• Future disabilities	n/a	n/a	
• Future deaths	100%	0%	
• Current pre-1988 vested deferred	0%	100%	
• Current post-1997 vested deferred	90%	10%	
Rationale: The form of payment assumption for the participant groups above are based on an experience study undertaken in 2014 using data from 2008 through 2013 and the expectation that the future form of payment election patterns will not differ significantly from the period studied.			
UNPREDICTABLE CONTINGENT EVENT ASSUMPTIONS	Not applicable		

Table of Sample Rates

ATTAINED AGE	WITHDRAWAL RATE
25	14.28%
30	9.94
35	8.40
40	7.70
45	7.00
50	6.30
55	5.60
60	4.90
65	0.00

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

ATTAINED AGE	RETIREMENT RATE	ATTAINED AGE	RETIREMENT RATE
55	9.00%	63	8.00%
56	8.00	64	16.00
57	11.00	65	30.00
58	6.00	66	30.00
59	7.00	67	65.00
60	9.00	68	11.00
61	16.00	69	22.00
62	21.00	70+	100.00

YEAR	INTEREST CREDIT RATE
2017	2.86%
2018	3.25
2019	3.75
2020+	4.25

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***ACTUARIAL METHODS****Asset Methods**

The asset valuation method is an average of the adjusted market value for each year during the last 24 months preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. Effective July 1, 2004, the plan was closed to new employees hired on or after that date.
- **Insurance contracts:** The plan does not have any insurance contracts

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

*Schedule SB, Part V — Summary of Plan Provisions***SUMMARY OF MAJOR PLAN PROVISIONS**

Effective date and plan year	Original plan: July 1, 1969 Restated plan: January 1, 2013 Plan year: January 1 to December 31
Status of the plan	The plan was amended effective July 1, 2004 to be closed to new employees hired on or after that date and to freeze benefit accruals for all participants except those who had attained age 55 and completed 5 years of vesting service as of the effective date (grandfathered participants). The plan was amended effective April 15, 2011 to freeze benefit accruals for grandfathered participants who become Highly Compensated Employees. The plan remained open to other grandfathered participants for benefit accrual through September 30, 2017, when the plan was terminated.
Significant events that occurred during the year	None
DEFINITIONS	
• Covered employees	All employees of the Employer hired before July 1, 2004.
• Participation	All employees of the Employer who work 800 hours in a year are eligible to participate in the Plan on the first day of the month following the attainment of age 21 and the completion of one year of service, whichever is later. Effective July 1, 2004, the plan was closed to new employees hired on or after that date.
• Employee contributions	Not applicable

Schedule SB, Part V — Summary of Plan Provisions

Vesting service	Service shall equal total plan years of service with the Employer. After January 1, 1998, one year of service is credited for each plan year in which a participant receives credit for 800 hours of service. After January 1, 2004, one year of service is credited for each plan year in which a participant receives 1,000 hours of service. Participants are vested in their benefits according to the following schedule: <table> <tr> <th>Years of service</th><th>Percent vested</th></tr> <tr> <td>2</td><td>25%</td></tr> <tr> <td>3+</td><td>100%</td></tr> </table>	Years of service	Percent vested	2	25%	3+	100%
Years of service	Percent vested						
2	25%						
3+	100%						
Credited service	Service shall equal total plan years of service with the Employer. After January 1, 1998, one year of service is credited for each plan year in which a participant receives credit for 800 hours of service. The plan was amended effective July 1, 2004 to freeze benefit accrual for all participants except those who had attained age 55 and completed 5 years of vesting service as of the effective date (grandfathered participants). Commencing January 1, 2005, grandfathered participants will receive credit for a year of service if the participant accrues 1,000 hours of service. Effective April 15, 2011, grandfathered participants who are Highly Compensated Employees (HCEs) in any plan year on or after January 1, 2011 shall no longer be considered grandfathered participants and shall cease receiving credited service. Effective September 30, 2017, credited service was frozen for all grandfathered participants who were still accruing service in the plan. A full year of credited service was granted in 2017 as of the plan termination date (September 30, 2017) for all active, non-HCE, grandfathered participants.						
Average compensation	Average compensation is equal to the highest average of any 36 consecutive months of compensation preceding retirement, termination, or death, whichever occurs first.						

Schedule SB, Part V — Summary of Plan Provisions

• PEP points	PEP Points are granted under the following schedule: <table> <tr> <th>Age</th><th>PEP points</th></tr> <tr> <td>Less than 30</td><td>0.04</td></tr> <tr> <td>30-39</td><td>0.06</td></tr> <tr> <td>40 and older</td><td>0.10</td></tr> </table> PEP Points accrued every year by multiplying the PEP Points granted during the year by the Credited Service earned during that year.	Age	PEP points	Less than 30	0.04	30-39	0.06	40 and older	0.10
Age	PEP points								
Less than 30	0.04								
30-39	0.06								
40 and older	0.10								
• Accrued benefit	The accrued benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit using Average Compensation and PEP Points as of the date of termination.								
NORMAL RETIREMENT									
• Eligibility	The first day of the month immediately following attainment of age 65, or five years of participation, whichever is later.								
• Benefit	The amount of an individual's benefit is the greater of: 1. the participant's PEP balance calculated by the following formula: Average Compensation multiplied by accumulated PEP Points 2. the participant's PEP balance earned as of the prior year with interest (based on the annual interest rate on 30-year Treasury securities for the second calendar month which precedes the start of the plan year) to the date of termination 3. the participant's benefit earned as of December 31, 1997 converted to a lump sum amount PEP balances continue to earn interest until the participant receives a distribution from the Plan.								
EARLY RETIREMENT									
• Eligibility	The first of the month following attainment of age 55 and 5 years of service.								
• Benefit	A monthly benefit for life equal to the vested portion of the benefit accrued at his early retirement date.								
LATE RETIREMENT									
• Eligibility	Continued employment after a participant's normal retirement date.								

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Upon retirement, the participant will receive the greater of (i) PEP balance as of his delayed retirement date, (ii) PEP balance as of his Normal Retirement Date increased actuarially from Normal Retirement Date to commencement date, or (iii) benefit earned as of December 31, 1997 increased actuarially from Normal Retirement Date to commencement date.
DEFERRED VESTED	
• Eligibility	Termination of employment prior to attainment of retirement eligibility after the completion of two years of vesting service.
• Benefit	The benefit upon termination of employment is equal to the accrued benefit payable on the participant's normal retirement date multiplied by the vesting percentage.
DISABILITY	
• Eligibility	Determination of disability before attainment of Normal Retirement Date.
• Benefit	The benefit upon disability is equal to the participant's accrued benefit as of the date of disability.
PRE-RETIREMENT DEATH	
• Eligibility	Death after the completion of two years of vesting service.
• Benefit prior to early retirement	The survivor benefit shall be an amount actuarially equivalent to the benefit the participant would have received if such participant had separated from service on the date of death, survived to his Early Retirement Date and had commenced receiving payment of a life annuity.
• Benefit after early but before normal retirement	The survivor benefit shall be an amount actuarially equivalent to the benefit the participant would have received if such participant had begun receiving a life annuity on the day before his death.
FORM OF BENEFITS	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	An adjusted benefit to be paid during the participant's lifetime with one-half of the benefit to be continued to his spouse for her lifetime after his death.

Schedule SB, Part V — Summary of Plan Provisions

Optional forms	- An adjusted benefit to be paid during the participant's lifetime with the full or three-fourths of the benefit to be continued to his spouse for her lifetime after his death. - An adjusted benefit to be paid for 60, 120, or 180 months certain and life thereafter. - A lump sum benefit.
Optional form conversion factors	- Annuity: 7% and RP2000 mortality table projected to 2018, combined health, unisex, no collar. - Lump sum: 2017 applicable mortality for lump sum payments and the segmented interest rates for the second month preceding the valuation date under PPA.
MISCELLANEOUS	
Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2017, the limit is \$270,000.
Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2017, the limit is \$215,000.

*Schedule SB, Part V — Summary of Plan Provisions***Benefits Included or Excluded**

Unless noted below, all benefits provided by the plan, as amended and restated effective January 1, 2013, are included in this valuation.

- **Most recent plan amendments included:** Amendments one through five are included. A board resolution was passed on June 5, 2017 and subsequent plan amendment number five was adopted on August 30, 2017, freezing all remaining benefit accruals and terminating the plan effective September 30, 2017.
- **Plan amendments excluded:** None
- **Late retirement increases:**
 - *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date. This valuation reflects the comparison of benefit accrued at late retirement date to benefit accrued at normal retirement date increased using actuarial equivalence to late retirement date.
 - *Deferred vested participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date. This valuation reflects the comparison of benefit accrued at late retirement date to benefit accrued at normal retirement date increased using actuarial equivalence to late retirement date.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

PLAN PROVISIONS SPECIFIC TO FUNDING***Additional Benefits Included or Excluded***

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions

- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

PLAN PROVISION CHANGES SINCE PRIOR VALUATION

- Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2016 to 2017.

Schedule SB, line 24 — Change in Actuarial Assumptions

ACTUARIAL ASSUMPTION CHANGES SINCE PRIOR VALUATION

- Interest discounts and mortality rates were updated from 2016 to 2017 in accordance with PPA.
- Cash balance interest credit rate was changed from 3.03% interest for the year 2016, 3.25% for the year 2017, 3.50% for the year 2018, 3.75% for the year 2019, 4.00% for the year 2020, and 4.30% per year in 2021 and afterwards to 2.86% for the year 2017, 3.25% for the year 2018, 3.75% for the year 2019, and 4.25% per year in 2020 and thereafter.
- Expected investment return changed from 6.00% for 2016 to 5.00% for 2017.

Schedule SB, line 26 — Schedule of Active Participant Data

ATTAINED AGE	YEARS OF CREDITED SERVICE										
	UNDER 1	1–4	5–9	10– 14	15– 19	20– 24	25– 29	30– 34	35– 39	40 & UP	TOTAL
Under 25											
25–29											
30–34		6									6
35–39		53	20								73
40–44		28	43	4							75
45–49		24	43	20	7						94
50–54	1	26	28	15	18	8					96
55–59		10	41	23	13	20	17				124
60–64		10	24	11	7	10	12	4			78
65–69		2	3	1	3	1	2	1		2	15
70 & up		1	2							1	4
Total	1	160	204	74	48	39	31	5		3	565

In each cell, the top number is the count of active participants for each age/service combination. Average pay is not shown for plans with less than 1,000 active participants or cells with fewer than 20 participants.

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 61.

(A)	(B)	(C)	(D)	(E)
Retirement age	Retirement Percent	Lx	Number of employees expected to retire (B) x (C)	(A) x (D)
55	9.0%	10,000.00	900.00	49,500.00
56	8.0%	9,100.00	728.00	40,768.00
57	11.0%	8,372.00	920.92	52,492.44
58	6.0%	7,451.08	447.06	25,929.76
59	7.0%	7,004.02	490.28	28,926.58
60	9.0%	6,513.73	586.24	35,174.16
61	16.0%	5,927.50	948.40	57,852.38
62	21.0%	4,979.10	1045.61	64,827.86
63	8.0%	3,933.49	314.68	19,824.78
64	16.0%	3,618.81	579.01	37,056.60
65	30.0%	3,039.80	911.94	59,276.09
66	30.0%	2,127.86	638.36	42,131.62
67	65.0%	1,489.50	968.18	64,867.80
68	11.0%	521.33	57.35	3,899.52
69	22.0%	463.98	102.08	7,043.21
70	100.0%	361.90	361.90	25,333.30
Total			10,000.00	614,904.09
Average				61.49

Independent Auditor's Report

To the Audit Committee
Adena Health System Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Adena Health System Retirement Plan (the "Plan"), which comprise the statement of net assets and accumulated plan benefits as of December 31, 2016 and the statements of changes in net assets and changes in accumulated plan benefits for the year then ended and the statement of net assets in liquidation as of December 31, 2017 and the related statement of changes in net assets in liquidation for the year 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 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 State Street Bank & Trust Company (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes related transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2017 and 2016 that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

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

Emphasis of Matter

As discussed in Note 4 to the financial statements, the plan sponsor of Adena Health System Retirement Plan approved termination of the Plan effective June 5, 2017, and management determined liquidation is imminent. As a result, the Plan changed its basis of accounting for periods subsequent to December 31, 2016 from the going-concern basis to a liquidation basis. Our opinion is not modified with respect to this matter.

To the Audit Committee
Adena Health System Retirement Plan

Other Matter

The supplemental schedules of assets held at end of year in liquidation as of December 31, 2017 and reportable transactions in liquidation for the year ended December 31, 2017 are required by the Department of Labor's (DOL) 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 these supplemental schedules.

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 schedules, other than that derived from the information certified by the Trustee, 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.

Plante & Moreau, PLLC

Columbus, Ohio
September 10, 2018

*Schedule SB, Part V — Summary of Plan Provisions***SUMMARY OF MAJOR PLAN PROVISIONS**

Effective date and plan year	Original plan: July 1, 1969 Restated plan: January 1, 2013 Plan year: January 1 to December 31
Status of the plan	The plan was amended effective July 1, 2004 to be closed to new employees hired on or after that date and to freeze benefit accruals for all participants except those who had attained age 55 and completed 5 years of vesting service as of the effective date (grandfathered participants). The plan was amended effective April 15, 2011 to freeze benefit accruals for grandfathered participants who become Highly Compensated Employees. The plan remained open to other grandfathered participants for benefit accrual through September 30, 2017, when the plan was terminated.
Significant events that occurred during the year	None
DEFINITIONS	
• Covered employees	All employees of the Employer hired before July 1, 2004.
• Participation	All employees of the Employer who work 800 hours in a year are eligible to participate in the Plan on the first day of the month following the attainment of age 21 and the completion of one year of service, whichever is later. Effective July 1, 2004, the plan was closed to new employees hired on or after that date.
• Employee contributions	Not applicable

Schedule SB, Part V — Summary of Plan Provisions

Vesting service	Service shall equal total plan years of service with the Employer. After January 1, 1998, one year of service is credited for each plan year in which a participant receives credit for 800 hours of service. After January 1, 2004, one year of service is credited for each plan year in which a participant receives 1,000 hours of service. Participants are vested in their benefits according to the following schedule: <table> <tr> <th>Years of service</th><th>Percent vested</th></tr> <tr> <td>2</td><td>25%</td></tr> <tr> <td>3+</td><td>100%</td></tr> </table>	Years of service	Percent vested	2	25%	3+	100%
Years of service	Percent vested						
2	25%						
3+	100%						
Credited service	Service shall equal total plan years of service with the Employer. After January 1, 1998, one year of service is credited for each plan year in which a participant receives credit for 800 hours of service. The plan was amended effective July 1, 2004 to freeze benefit accrual for all participants except those who had attained age 55 and completed 5 years of vesting service as of the effective date (grandfathered participants). Commencing January 1, 2005, grandfathered participants will receive credit for a year of service if the participant accrues 1,000 hours of service. Effective April 15, 2011, grandfathered participants who are Highly Compensated Employees (HCEs) in any plan year on or after January 1, 2011 shall no longer be considered grandfathered participants and shall cease receiving credited service. Effective September 30, 2017, credited service was frozen for all grandfathered participants who were still accruing service in the plan. A full year of credited service was granted in 2017 as of the plan termination date (September 30, 2017) for all active, non-HCE, grandfathered participants.						
Average compensation	Average compensation is equal to the highest average of any 36 consecutive months of compensation preceding retirement, termination, or death, whichever occurs first.						

Schedule SB, Part V — Summary of Plan Provisions

• PEP points	PEP Points are granted under the following schedule: <table border="1"> <thead> <tr> <th>Age</th><th>PEP points</th></tr> </thead> <tbody> <tr> <td>Less than 30</td><td>0.04</td></tr> <tr> <td>30-39</td><td>0.06</td></tr> <tr> <td>40 and older</td><td>0.10</td></tr> </tbody> </table> PEP Points accrued every year by multiplying the PEP Points granted during the year by the Credited Service earned during that year.	Age	PEP points	Less than 30	0.04	30-39	0.06	40 and older	0.10
Age	PEP points								
Less than 30	0.04								
30-39	0.06								
40 and older	0.10								
• Accrued benefit	The accrued benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit using Average Compensation and PEP Points as of the date of termination.								
NORMAL RETIREMENT									
• Eligibility	The first day of the month immediately following attainment of age 65, or five years of participation, whichever is later.								
• Benefit	The amount of an individual's benefit is the greater of: 1. the participant's PEP balance calculated by the following formula: Average Compensation multiplied by accumulated PEP Points 2. the participant's PEP balance earned as of the prior year with interest (based on the annual interest rate on 30-year Treasury securities for the second calendar month which precedes the start of the plan year) to the date of termination 3. the participant's benefit earned as of December 31, 1997 converted to a lump sum amount PEP balances continue to earn interest until the participant receives a distribution from the Plan.								
EARLY RETIREMENT									
• Eligibility	The first of the month following attainment of age 55 and 5 years of service.								
• Benefit	A monthly benefit for life equal to the vested portion of the benefit accrued at his early retirement date.								
LATE RETIREMENT									
• Eligibility	Continued employment after a participant's normal retirement date.								

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Upon retirement, the participant will receive the greater of (i) PEP balance as of his delayed retirement date, (ii) PEP balance as of his Normal Retirement Date increased actuarially from Normal Retirement Date to commencement date, or (iii) benefit earned as of December 31, 1997 increased actuarially from Normal Retirement Date to commencement date.
DEFERRED VESTED	
• Eligibility	Termination of employment prior to attainment of retirement eligibility after the completion of two years of vesting service.
• Benefit	The benefit upon termination of employment is equal to the accrued benefit payable on the participant's normal retirement date multiplied by the vesting percentage.
DISABILITY	
• Eligibility	Determination of disability before attainment of Normal Retirement Date.
• Benefit	The benefit upon disability is equal to the participant's accrued benefit as of the date of disability.
PRE-RETIREMENT DEATH	
• Eligibility	Death after the completion of two years of vesting service.
• Benefit prior to early retirement	The survivor benefit shall be an amount actuarially equivalent to the benefit the participant would have received if such participant had separated from service on the date of death, survived to his Early Retirement Date and had commenced receiving payment of a life annuity.
• Benefit after early but before normal retirement	The survivor benefit shall be an amount actuarially equivalent to the benefit the participant would have received if such participant had begun receiving a life annuity on the day before his death.
FORM OF BENEFITS	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	An adjusted benefit to be paid during the participant's lifetime with one-half of the benefit to be continued to his spouse for her lifetime after his death.

Schedule SB, Part V — Summary of Plan Provisions

Optional forms	- An adjusted benefit to be paid during the participant's lifetime with the full or three-fourths of the benefit to be continued to his spouse for her lifetime after his death. - An adjusted benefit to be paid for 60, 120, or 180 months certain and life thereafter. - A lump sum benefit.
Optional form conversion factors	- Annuity: 7% and RP2000 mortality table projected to 2018, combined health, unisex, no collar. - Lump sum: 2017 applicable mortality for lump sum payments and the segmented interest rates for the second month preceding the valuation date under PPA.
MISCELLANEOUS	
Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2017, the limit is \$270,000.
Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2017, the limit is \$215,000.

*Schedule SB, Part V — Summary of Plan Provisions***Benefits Included or Excluded**

Unless noted below, all benefits provided by the plan, as amended and restated effective January 1, 2013, are included in this valuation.

- **Most recent plan amendments included:** Amendments one through five are included. A board resolution was passed on June 5, 2017 and subsequent plan amendment number five was adopted on August 30, 2017, freezing all remaining benefit accruals and terminating the plan effective September 30, 2017.
- **Plan amendments excluded:** None
- **Late retirement increases:**
 - *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date. This valuation reflects the comparison of benefit accrued at late retirement date to benefit accrued at normal retirement date increased using actuarial equivalence to late retirement date.
 - *Deferred vested participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date. This valuation reflects the comparison of benefit accrued at late retirement date to benefit accrued at normal retirement date increased using actuarial equivalence to late retirement date.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

PLAN PROVISIONS SPECIFIC TO FUNDING***Additional Benefits Included or Excluded***

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions

- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

PLAN PROVISION CHANGES SINCE PRIOR VALUATION

- Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2016 to 2017.

Adena Health System Retirement Plan

Schedule of Assets Held at End of Year - Liquidation Basis

Form 5500, Schedule H, Line 4i
EIN 31-4379443, Plan No. 001
December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
State Street Bank & Trust Co*	Money market fund - GSTIF 25 BPS	\$ 229,698	\$ 229,698
	Common collective trust funds:		
Mercer Global Investments	MGI Long Duration Fixed Income	1,827,522	2,596,141
State Street Bank & Trust Co*	Intermediate Credit Index NL	21,664,492	21,819,047
State Street Bank & Trust Co*	SSGA U.S. Short Term	24,225,919	24,243,688
	Total	<u>\$ 47,947,631</u>	<u>\$ 48,888,574</u>

*Denotes a party in interest

Schedule SB, line 24 — Change in Actuarial Assumptions

ACTUARIAL ASSUMPTION CHANGES SINCE PRIOR VALUATION

- Interest discounts and mortality rates were updated from 2016 to 2017 in accordance with PPA.
- Cash balance interest credit rate was changed from 3.03% interest for the year 2016, 3.25% for the year 2017, 3.50% for the year 2018, 3.75% for the year 2019, 4.00% for the year 2020, and 4.30% per year in 2021 and afterwards to 2.86% for the year 2017, 3.25% for the year 2018, 3.75% for the year 2019, and 4.25% per year in 2020 and thereafter.
- Expected investment return changed from 6.00% for 2016 to 5.00% for 2017.