

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 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</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 ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information—enter all requested information		
1a Name of plan <u>BARNESVILLE HOSPITAL ASSOCIATION, INC. VOLUNTARY TAX DEFERRED ANNUITY PLAN</u>	1b Three-digit plan number (PN) ▶	<u>002</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>BARNESVILLE HOSPITAL ASSOCIATION, INC.</u> <u>639 W. MAIN STREET</u> <u>BARNESVILLE, OH 43713</u>	1c Effective date of plan <u>01/01/1989</u>	2b Employer Identification Number (EIN) <u>34-0719172</u>	
	2c Plan Sponsor's telephone number <u>740-425-5103</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.	<u>10/17/2019</u>	<u>DAVE PHILLIPS</u>
	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 (2018)
v. 171027

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		5 263
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) 263
a(2) Total number of active participants at the end of the plan year		6a(2) 257
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 13
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 270
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 270
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 189
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: 2F 2G 2H 2J 2K 2L 2R		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan BARNESVILLE HOSPITAL ASSOCIATION, INC. VOLUNTARY TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 BARNESVILLE HOSPITAL ASSOCIATION, INC.	D Employer Identification Number (EIN) 34-0719172

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier RELIASTAR LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0451140	86509	JG76	29	01/01/2018	12/31/2018

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

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

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

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 1345190**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY WITH GUARANTEED INT**b** Balance at the end of the previous year **7b** 1537322**c** Additions: (1) Contributions deposited during the year **7c(1)** 30757
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 38007
(4) Transferred from separate account **7c(4)** 0
(5) Other (specify below) **7c(5)** 3940

▶ LOAN REPAYMENTS, TRANSFERS, COLLATERAL INTEREST

(6) Total additions **7c(6)** 72704**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1610026**e** Deductions:
(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 104826
(2) Administration charge made by carrier **7e(2)** 0
(3) Transferred to separate account **7e(3)** 0
(4) Other (specify below) **7e(4)** 160010

▶ LOAN DISBURSEMENTS, TRANSFERS, NEGATIVE VALUE ADJUSTMENTS

(5) Total deductions **7e(5)** 264836**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1345190

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))	9b(3)		0
(4) Claims charged	9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan BARNESVILLE HOSPITAL ASSOCIATION, INC. VOLUNTARY TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 BARNESVILLE HOSPITAL ASSOCIATION, INC.	D Employer Identification Number (EIN) 34-0719172

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	750983	17	01/01/2018	12/31/2018

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 3590
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid KESTRA INVESTMENT SERVICES LLC 5707 SOUTHWEST PARKWAY STE 400 AUSTIN, TX 78735

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3590	INVESTMENT FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	47371
5 Current value of plan's interest under this contract in separate accounts at year end	5	601373

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

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

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

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

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

b Balance at the end of the previous year.....	7b	191923
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c Additions: (1) Contributions deposited during the year	7c(1)	4144	
	7c(2)	0	
	7c(3)	2202	
	7c(4)	0	
	7c(5)	32849	

▶ TRANSFERS

(6) Total additions.....	7c(6)	39195
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d Total of balance and additions (add lines 7b and 7c(6))	7d	231118
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	183723	
	7e(2)	25	
	7e(3)	0	
	7e(4)	0	

▶

(5) Total deductions.....	7e(5)	183748
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	47370
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))	9b(3)		0
(4) Claims charged	9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan BARNESVILLE HOSPITAL ASSOCIATION, INC. VOLUNTARY TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BARNESVILLE HOSPITAL ASSOCIATION, INC.	D Employer Identification Number (EIN) 34-0719172	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(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?
64 51 60 72	CONTRACT ADMINISTRATOR	13592	Yes ☒ No ☐	Yes ☒ No ☐	246	Yes ☐ No ☒

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

RELIASTAR LIFE INSURANCE COMPANY

P.O. BOX 5050
MINOT, ND 58702-5050

41-0451140

(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?
64	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	5945	Yes ☐ No ☒

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

DUNBAR, BENDER & ZAPF, INC.

437 GRANT STREET
SUITE 1100
PITTSBURGH, PA 15219

25-1650062

(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?
13	TPA	100	Yes ☒ No ☐	Yes ☒ No ☐	2000	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)

NATIONWIDE SECURITIES, LLC

10 W NATIONWIDE BLVD
COLUMBUS, OH 43215

36-2434406

(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?
64	INVESTMENT ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	1670	Yes ☐ No ☒

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

IRON-CO-FID-FLEXIBLE ADV FOUNDATION

630 DUNDEE RD
SUITE 200
NORTHBROOK, IL 60062

26-2409128

(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?
64	INVESTMENT ADVISOR	327	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MASSMUTUAL LIFE INS. CO.

1295 STATE STREET
SPRINGFIELD, MA 01111

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 50 54 59 60 62 63 64 65 66 99	CONTRACT ADMINISTRATOR	235	Yes ☒ No ☐	Yes ☒ No ☐	0	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
RELIASTARLIFE INSURANCE COMPANY	64 52 72 60	5945
(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.
RELIASTAR LIFE INSURANCE COMPANY P.O. BOX 5050 MINOT, ND 58702-5050		RECORD-KEEPING FEES
45-0451140		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DUNBAR, BENDER & ZAPF, INC.	13	2000
(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.
DUNBAR, BENDER & ZAPF, INC. 437 GRANT STREET PITTSBURGH, PA 15219		TPA FEES
25-1650062		
(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:

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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan BARNESVILLE HOSPITAL ASSOCIATION, INC. VOLUNTARY TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 BARNESVILLE HOSPITAL ASSOCIATION, INC.	D Employer Identification Number (EIN) 34-0719172	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
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)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	6740	2867
(8) Participant loans.....	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	1189722	601373
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	104159	1401622
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1729245	1401674
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	3029866	3407536

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3029866	3407536
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	69973	
(B) Participants	2a(1)(B)	408105	
(C) Others (including rollovers)	2a(1)(C)	53074	
(2) Noncash contributions	2a(2)	0	531152
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	51787	
(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)		51787
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(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)		
(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)		-128442
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		454497

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	215161	
(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)		215161
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)	22323	
(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)		22323
j Total expenses. Add all expense amounts in column (b) and enter total	2j		237484

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		217013
l Transfers of assets:			
(1) To this plan.....	2l(1)		160657
(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: BLUE & CO., LLC

(2) EIN: 35-1178661

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		500000
4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>BARNESVILLE HOSPITAL ASSOCIATION, INC. VOLUNTARY TAX DEFERRED ANNUITY PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BARNESVILLE HOSPITAL ASSOCIATION, INC.</u>	D Employer Identification Number (EIN) <u>34-0719172</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-1592130</u> <u>41-0451140</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2018
v. 171027

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

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

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

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

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

**BARNESVILLE HOSPITAL ASSOCIATION, INC.
VOLUNTARY TAX DEFERRED ANNUITY PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

CPAs / ADVISORS



**BARNESVILLE HOSPITAL ASSOCIATION, INC.
VOLUNTARY TAX DEFERRED ANNUITY PLAN**

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* Other Schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



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REPORT OF INDEPENDENT AUDITORS

To the Board of Trustees
Barnesville Hospital Association, Inc.
Voluntary Tax Deferred Annuity Plan
Barnesville, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Barnesville Hospital Association, Inc. Voluntary Tax Deferred Annuity Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2018, and the related statement of changes in net assets available for benefits for the year then ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As described in Note 3, the Plan has excluded from investments in the accompanying statement of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Board Trustees
Barnesville Hospital Association, Inc.
Voluntary Tax Deferred Annuity Plan
Barnesville, Ohio

As described in Note 3, the Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficiently to determine the extent to which the financial statements may have been affected by these conditions.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by The Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, FSB, ReliaStar Life Insurance Company and Massachusetts Mutual Life Insurance Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the custodians as of and for the year ended December 31, 2018, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matters described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2018 financial statements. Accordingly, we do not express an opinion on the 2018 financial statements referred to in the first paragraph.

Other Matter

The supplemental schedule of assets (held at end of year) is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Compiled 2017 Financial Statement

Plan management is responsible for the accompanying financial statement of the Plan, which comprises the statement of net assets available for benefits as of December 31, 2017. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the financial statement nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by plan management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statement.

Board Trustees
Barnesville Hospital Association, Inc.
Voluntary Tax Deferred Annuity Plan
Barnesville, Ohio

Accounting principles generally accepted in the United States of America require that all accounts of the Plan and the related income and distributions be included in the accompanying financial statements. Management has informed us that the Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. The amount of these excluded annuity and custodial accounts and the related income and distributions has not been determined.

Blue & Co., LLC

Westerville, Ohio
October 16, 2019

**BARNESVILLE HOSPITAL ASSOCIATION, INC.
VOLUNTARY TAX DEFERRED ANNUITY PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2018 (AUDITED) AND 2017 (COMPILED)

	2018	2017 (Compiled)
Investments:		
Investments at fair value	\$ 3,357,298	\$ 2,831,203
Fully benefit-responsive investment contracts at contract value	47,371	191,923
Total investments	<u>3,404,669</u>	<u>3,023,126</u>
Notes receivable from participants	<u>2,867</u>	<u>6,740</u>
Net assets available for benefits	<u><u>\$ 3,407,536</u></u>	<u><u>\$ 3,029,866</u></u>

See accompanying notes to financial statements.

BARNESVILLE HOSPITAL ASSOCIATION, INC.
VOLUNTARY TAX DEFERRED ANNUITY PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2018 (AUDITED)

	2018
Additions to net assets attributed to:	
Investment income (loss)	
Interest and dividends	\$ 51,787
Net depreciation in value of investments	(128,442)
Total investment loss	(76,655)
Contributions	
Participant contributions	408,105
Employer contributions	69,973
Rollovers and other	53,074
Total contributions	531,152
Transfers In	160,657
Total additions	615,154
Deductions to net assets attributed to:	
Benefit payments	215,161
Administrative expenses	22,323
Total deductions	237,484
Net increase	377,670
Net assets available for benefits:	
Beginning of year	3,029,866
End of year	\$ 3,407,536

See accompanying notes to financial statements.

BARNESVILLE HOSPITAL ASSOCIATION, INC.
VOLUNTARY TAX DEFERRED ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 (AUDITED) AND 2017 (COMPILED)

1. DESCRIPTION OF THE PLAN

The following brief description of the Barnesville Hospital Association, Inc. Voluntary Tax Deferred Annuity Plan (the "Plan") is provided for general information only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of the Barnesville Hospital Association, Inc. (the "Plan Sponsor"). Employees are immediately eligible to participate in the Plan. Effective, January 1, 2018, the Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Prior to January 1, 2018, the Plan was not subject to ERISA as the Plan Sponsor had limited involvement in the Plan and the Plan Sponsor did not offer employer contributions.

Contributions

Each year, participants may contribute up to a maximum percent of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants also may contribute amounts representing distributions from other qualified plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. Effective May 1, 2018, the Plan Sponsor contributes 50 percent of the first 3 percent of base compensation that a participant contributes to the Plan. The matching Plan Sponsor contribution is invested as directed by the participant. Prior to May 1, 2018, there were no Plan Sponsor contributions to the Plan.

Rollover

The Plan allows participants to rollover funds from another approved plan into this plan upon employment or anytime while employed. Participants are 100 percent vested in rollover funds and any earnings on those rollovers.

Participant Accounts

Each participant's account is credited with the participant's contributions and the Plan Sponsor's matching contributions, as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

BARNESVILLE HOSPITAL ASSOCIATION, INC.
VOLUNTARY TAX DEFERRED ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 (AUDITED) AND 2017 (COMPILED)

Vesting

Vesting is based on years of service. Participants are immediately vested in their contributions and rollovers plus actual earnings thereon. Participants are vested in the Plan Sponsor contributions based on the following schedule:

<u>Years of Service</u>	<u>Vesting Percentage</u>
1	20%
2	40%
3	60%
4	80%
5	100%

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account. The plan administrator approves an interest rate, which is based on the applicable prime rate. Principal and interest are paid ratably through payroll deductions.

Payments of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount or installment payments equal to the value of the participant's vested interest in his or her account.

Forfeited Accounts

Forfeitures of non-vested employer contributions arising from employee terminations and withdrawals are used to restore forfeited accounts of rehired participants, reduce Plan expenses, or reduce employer matching contributions. There were no forfeited non-vested accounts as of December 31, 2018 and 2017. During 2018, no forfeitures were used to reduce contributions.

Transfer of Plan Assets

Transfers represent Plan assets received from Northwestern Mutual Life Insurance Company (Northwestern Mutual). Northwestern Mutual holds Plan assets that are excluded from these financial statements (see Note 3).

BARNESVILLE HOSPITAL ASSOCIATION, INC.
VOLUNTARY TAX DEFERRED ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 (AUDITED) AND 2017 (COMPILED)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance 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 changes in those assets and liabilities, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Sponsor determines the Plan's valuation policies utilizing information provided by the investment advisers, custodian, and insurance company. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

The Plan holds non-benefit-responsive investment contracts with Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, FSB (Nationwide) and ReliaStar Life Insurance Company (ReliaStar). These companies maintain the investments in general non allocated fixed accounts. These accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The Nationwide contract is not deemed to be fully benefit-responsive as it restricts participant-directed exchanges. The ReliaStar contracts are not deemed to be fully benefit-responsive as the contracts are between the participants and ReliaStar.

The following represents the crediting interest rates and average yield as of December 31, 2018 and 2017 for each contract:

- Nationwide Fixed Contract – The contracts average yield and crediting interest for 2018 was .65%. The Plan did not hold this contract in 2017.
- ReliaStar Fixed Account QuintaFlex I – The contract average yield and crediting interest rate for 2018 and 2017 was 2.75%.

BARNESVILLE HOSPITAL ASSOCIATION, INC.
VOLUNTARY TAX DEFERRED ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 (AUDITED) AND 2017 (COMPILED)

- ReliaStar Fixed Account QuintaFlex II – The contract average yield and crediting interest rate for 2018 and 2017 was 1.00%.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2018 and 2017. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses incurred maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Investment-related expenses are included in net depreciation of fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through October 16, 2019, the date the financial statements were available to be issued.

3. EXCLUDED PLAN ASSETS

Plan management has elected to exclude Plan investments from the statements of net assets available for benefits held with Northwestern Mutual and Transamerica Premier Life Insurance (Transamerica) as permitted by the Department of Labor's (DOL) Field Assistance Bulletin (FAB) No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded from the statement of changes in net assets.

These Plan investments meet the following conditions detailed within the DOL FAB 2009-02: (1) the contract or account was issued to a current or former employee before January 1, 2009; (2) the employer ceased to have any obligation to make contributions (including employee salary reduction contributions) and in fact ceased making contributions to the contract or account before January 1, 2009; (3) all of the rights and benefits under the contract or account are legally enforceable against the insurer or custodian by the individual owner of the contract or account without any involvement of the employer; and (4) the individual owner of the contract or account is fully vested.

BARNESVILLE HOSPITAL ASSOCIATION, INC.
VOLUNTARY TAX DEFERRED ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 (AUDITED) AND 2017 (COMPILED)

4. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIANS

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for Plan investments held by certain custodians. Accordingly, Nationwide, ReliaStar and Massachusetts Mutual Life Insurance Company (MassMutual), certain custodians of the Plan, have certified to the completeness and accuracy of certain investments reflected on the accompanying statement of net assets available for benefits as of December 31, 2018, and investment related activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2018.

Investments held by American Funds Service Company (American Funds) were not certified as complete and accurate as permitted by 29 CFR 2520.103-8. American Funds held mutual funds totaling \$88,855 and \$104,159 as of December 31, 2018 and 2017, respectively.

5. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

BARNESVILLE HOSPITAL ASSOCIATION, INC.
VOLUNTARY TAX DEFERRED ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 (AUDITED) AND 2017 (COMPILED)

Following is a description of the valuation methodologies used for assets measured at fair value as of December 31, 2018 and 2017:

- Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- Pooled separate accounts – Valued at the net asset value (NAV) of units. The NAV, as provided by the custodians, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.
- Guaranteed investment contracts – Investment contracts are valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Since the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, the Plan evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date) while others are substantiated utilizing available market data (for example, swap curve rate).

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Assets at Fair Value as of December 31, 2018				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,401,622	\$ -	\$ -	\$ 1,401,622
Guaranteed investment contracts	-	-	1,354,303	1,354,303
Total assets in fair value hierarchy	1,401,622	-	1,354,303	2,755,925
Pooled separate accounts (a)	-	-	-	601,373
Investments at fair value	\$ 1,401,622	\$ -	\$ 1,354,303	\$ 3,357,298

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amount present in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented at fair value in the statement of net assets available for benefits.

BARNESVILLE HOSPITAL ASSOCIATION, INC.
VOLUNTARY TAX DEFERRED ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 (AUDITED) AND 2017 (COMPILED)

Assets at Fair Value as of December 31, 2017				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 104,159	\$ -	\$ -	\$ 104,159
Guaranteed investment contracts	-	-	1,537,322	1,537,322
Total assets in fair value hierarchy	104,159	-	1,537,322	1,641,481
Pooled separate accounts (a)	-	-	-	1,189,722
Investments at fair value	\$ 104,159	\$ -	\$ 1,537,322	\$ 2,831,203

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amount present in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented at fair value in the statement of net assets available for benefits.

The Plan's policy is to recognize transfers between levels as of the end of the reporting period. There were no significant transfers between levels during 2018 and 2017.

Changes in Fair Value of Level 3 Assets and Related Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2018.

	2018
Beginning balance	\$ 1,537,322
Purchases	39,853
Interest and dividends	41,965
Sales	(264,837)
Ending Balance	\$ 1,354,303

The fair value of the guaranteed investment contracts is based on significant unobservable inputs, including the credit worthiness of the issuers, Nationwide and Reliastar, and the terms of the investment contracts. Significant fluctuations in any of the inputs in isolation could result in significantly different fair value measurements.

BARNESVILLE HOSPITAL ASSOCIATION, INC.
VOLUNTARY TAX DEFERRED ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 (AUDITED) AND 2017 (COMPILED)

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2018 and 2017, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2018	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Pooled separate accounts	\$ 601,373	N/A	Daily	Daily

December 31, 2017	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Pooled separate accounts	\$ 1,189,722	N/A	Daily	Daily

6. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan holds a group annuity contract with MassMutual. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value.

Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses.

MassMutual is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rates are based on a formula established by MassMutual.

The crediting interest rate for this group annuity contract was 3% as of December 31, 2018 and 2017.

The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with the fully benefit-responsive investment contract is dependent on MassMutual's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

BARNESVILLE HOSPITAL ASSOCIATION, INC.
VOLUNTARY TAX DEFERRED ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 (AUDITED) AND 2017 (COMPILED)

Certain events might limit the ability of the Plan to transact at contract value with MassMutual. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code.
2. Premature termination of the contract.
3. Plan termination or merger.
4. Changes to the Plan's prohibition on competing investment options.
5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with MassMutual and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value.

Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines.
2. A breach of material obligation under the contract.
3. A material misrepresentation
4. A material amendment to the agreements without the consent of MassMutual.

7. RELATED-PARTY TRANSACTIONS AND PARTIES-IN-INTEREST TRANSACTIONS

Plan investments include an investment contracts owned by Nationwide, ReliaStar, and MassMutual. Certain Plan investments are shares of mutual funds managed by Nationwide and American Funds. Nationwide, ReliaStar, MassMutual and American Funds are custodians as defined by the Plan, and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred are paid directly by the Plan for the investment management services.

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Plan Sponsor and certain others. Investment management fees are paid to Nationwide, ReliaStar, MassMutual and American Funds, the custodians. Dunbar, Bender, & Zapf, Inc. is the Plan's third party administrator. Blue & Co., LLC is the independent auditor for the Plan. The aforementioned parties generally receive payment from the Plan Sponsor.

BARNESVILLE HOSPITAL ASSOCIATION, INC.
VOLUNTARY TAX DEFERRED ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 (AUDITED) AND 2017 (COMPILED)

8. PLAN TERMINATION

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

9. TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedures 2007-71. The plan administrator intends to apply for a determination letter on the Plan once the IRS opens such a program. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b).

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities. Management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2018 and 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements.

The Plan is subject to routine audits by taxing jurisdictions. However, as of the date the financial statements were available to be issued, there were no audits for any tax periods in progress. Management believes it is no longer subject to income tax examinations for years prior to 2016.

10. RISKS AND UNCERTAINTIES

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

Supplemental Schedule

BARNESVILLE HOSPITAL ASSOCIATION, INC.
VOLUNTARY TAX DEFERRED ANNUITY PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 EIN: 34-0719172
 PLAN NUMBER: 002
 DECEMBER 31, 2018

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
	Investment contracts:			
* ReliaStar	ReliaStar Fixed Account QuintaFlex I	**	\$ 1,344,496	
* ReliaStar	ReliaStar Fixed Account QuintaFlex II	**	694	
* MassMutual	Fixed Account	**	47,371	
* Nationwide	Nationwide Fixed Contract	**	9,113	
	Total investment contracts		1,401,674	
	Mutual funds:			
TIAA-CREF	TIAA-CREF Lifecycle 2045 Inst	**	149,826	
TIAA-CREF	TIAA-CREF Lifecycle 2035 Inst	**	123,659	
PGIM Funds	PGIM Total Return Bond R6	**	70,531	
Vanguard	Vanguard Total Stock Market Index Fund	**	69,822	
Vanguard	Vanguard Total Bond Market Index Adm	**	59,432	
JPMorgan	JPMorgan Equity Income R5	**	55,052	
Dimensional Fund Advisors	DFA US Large Cap Value Inst	**	53,206	
Dimensional Fund Advisors	DFA Emerging Markets Core Equity Inst	**	50,901	
Harbor	Harbor International Growth Inv	**	48,666	
* American Funds	American Funds Growth Fund of America R6	**	48,003	
American Beacon	American Beacon International Equity Inst.	**	47,706	
Oppenheimer Funds	Oppenheimer Discovery MidCap Growth Y	**	47,662	
Vanguard	Vanguard Total International Stock Index Adm	**	43,668	
Blackrock	Blackrock Strategic Income Opportunities I	**	36,734	
Pimco	Pimco Real Return Inst	**	34,753	
* Nationwide	NW Loomis All Capital Growth R6	**	34,561	
BlackRock	BlackRock Total Return K	**	30,615	
TIAA-CREF	TIAA-CREF Lifecycle 2060 Inst	**	30,253	
Columbia	Columbia Large Cap Growth Inst.	**	29,456	
Lord Abbett	Lord Abbett Floating Rate R5	**	28,071	
* American Funds	American Funds American Balanced Fund A	**	27,620	
* American Funds	American Funds The Investment Company of America A	**	27,042	
Dimensional Fund Advisors	DFA US Target Value Inst	**	25,416	
Ivy Funds	Ivy Pictet Emerging Mkts Lcl Ccy Dbt I	**	22,092	
* American Funds	American Funds New World R6	**	21,140	
Vanguard	Vanguard Explorer Adm	**	20,654	
TIAA-CREF	TIAA-CREF Lifecycle 2025 Inst	**	19,067	
* American Funds	American Funds The New Economy Fund A	**	16,404	
Principal Funds	Principal Real Estate Securities Inst	**	14,771	
* American Funds	American Funds The Income Fund of America A	**	13,861	
* Nationwide	Nationwide Inv Des Mod Aggr R6	**	9,853	
* Nationwide	Nationwide Core Plus Bd R6	**	7,969	
Fidelity	Fidelity Total Market Ind	**	7,646	
* Nationwide	Nationwide Geneva Small Cap Growth Inst	**	6,918	
TIAA-CREF	TIAA-CREF Lifecycle 2050 Inst	**	6,158	
JPMorgan	JPMorgan Mortgage Backed Securities R6	**	6,084	
TIAA-CREF	TIAA-CREF Lifecycle 2040 Inst	**	5,865	
Fidelity	Fidelity Inflation Protected Bd Ind	**	5,553	
* American Funds	American Funds Europacific	**	5,526	
* Nationwide	Nationwide Inv Des Mod R6	**	5,457	
TIAA-CREF	TIAA-CREF Lifecycle 2030 Inst	**	5,452	

See Report of Independent Auditors

BARNESVILLE HOSPITAL ASSOCIATION, INC.
VOLUNTARY TAX DEFERRED ANNUITY PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 34-0719172
PLAN NUMBER: 002
DECEMBER 31, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
		Mutual funds (continued):		
*	Nationwide	Nationwide Inv Des Aggr R6		5,003
	Fidelity	Fidelity 500 Index	**	4,928
*	Nationwide	Nationwide Inv Des Cnsrv R6	**	4,482
*	American Funds	American Funds Fundamental Investors A	**	3,299
	TIAA-CREF	TIAA-CREF Real Estate Securities Inst	**	3,223
	TIAA-CREF	TIAA-CREF Lifecycle 2015 Inst	**	2,457
	Federated	Federated Inst High Yield Bond Inst	**	1,226
	TIAA-CREF	TIAA-CREF Lifecycle 2020 Inst	**	951
	TIAA-CREF	TIAA-CREF Lifecycle 2055 Inst	**	854
	Dimensional Fund Advisors	DFA Inflation Protected Securities Inst	**	711
*	American Funds	American Funds Washington Mutual Investors Fund A	**	331
*	American Funds	American Funds Intermediate Bond Fund of America A	**	298
	Fidelity	Fidelity International Ind	**	283
	Vanguard	Vanguard Short Term Bond Index Adm	**	232
*	Nationwide	Nationwide Inv Des Mod Cnsrv R6	**	219
		Total mutual funds		<u>1,401,622</u>
		Pooled separate accounts:		
*	MassMutual	Invesco Equity and Income	**	104,721
*	MassMutual	Hartford Growth Opportunities	**	96,343
*	MassMutual	MFS Utilities	**	71,472
*	MassMutual	American Funds Income Fund of America	**	53,460
*	MassMutual	Pimco Real Return Inst	**	51,190
*	MassMutual	American Funds Bond Fund of America	**	50,527
*	MassMutual	Janus Henderson Forty	**	23,334
*	MassMutual	American Funds Europacific	**	20,186
*	MassMutual	BlackRock S&P 500 Index VI	**	17,440
*	MassMutual	Invesco Oppenheimer Main St. MC	**	17,340
*	MassMutual	BlackRock Advantage Small Cap Growth	**	14,090
*	MassMutual	Pimco Total Return	**	13,851
*	MassMutual	American Funds Growth Fund of America R6	**	10,038
*	MassMutual	American Century Equity Income	**	8,532
*	MassMutual	BlackRock LifePath DY 2030	**	7,500
*	MassMutual	Hartford Healthcare HLS	**	7,452
*	MassMutual	Invesco Oppenheimer Global	**	4,925
*	MassMutual	ClearBridge Small Cap Growth	**	4,913
*	MassMutual	Victory Special Value	**	3,926
*	MassMutual	Davis New York Venture	**	3,736
*	MassMutual	American Funds Capital World Growth & Income	**	3,714
*	MassMutual	Invesco Oppenheimer International Bond	**	2,915
*	MassMutual	Templeton Developing Markets	**	2,783
*	MassMutual	BlackRock LifePath DY 2020	**	2,476
*	MassMutual	Invesco Real Estate	**	1,725
*	MassMutual	Lord Abbett Bond Debenture	**	1,531
*	MassMutual	Janus Henderson Overseas	**	993

BARNESVILLE HOSPITAL ASSOCIATION, INC.
VOLUNTARY TAX DEFERRED ANNUITY PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 34-0719172
PLAN NUMBER: 002
DECEMBER 31, 2018

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
	Pooled separate accounts (continued):			
* MassMutual	Hartford Total Return Bond HLS	**	175	
* MassMutual	Hartford Ultrashort Bond	**	85	
	Total pooled separate accounts		<u>601,373</u>	
	Total Investments			3,404,669
* Notes receivable from participants	Notes receivable from participants (with interest of 5.50% and a maturity date of September 21, 2019)	-0-	<u>2,867</u>	
			<u>\$</u>	<u>3,407,536</u>
* Indicates parties-in-interest to the Plan				
** Cost information not required for participant directed investments				

Barnesville Hospital Association, Inc. Voluntary Tax Deferred Annuity Plan

EIN: 34-0719172

PLAN #002

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF THE YEAR

Schedule H -question 4(i)

DECEMBER 31, 2018

Party In Interest	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value		2018
		Cost	Current Value	
	ReliaStar Fixed Account QuintaFlex I	Investment Contracts	N/A	1,344,496
	ReliaStar Fixed Account QuintaFlex II	Investment Contracts	N/A	694
	MassMutual Fixed Account	Investment Contracts	N/A	47,371
	Nationwide Fixed Contract	Investment Contracts	N/A	9,113
	Total Investment Contracts:			<u>1,401,674</u>
	TIAA-CREF Lifecycle 2045 Inst	Mutual Fund	N/A	149,826
	TIAA-CREF Lifecycle 2035 Inst	Mutual Fund	N/A	123,659
	PGIM Total Return Bond R6	Mutual Fund	N/A	70,531
	Vanguard Total Stock Market Index Fund	Mutual Fund	N/A	69,822
	Vanguard Total Bond Market Index Adm	Mutual Fund	N/A	59,432
	JPMorgan Equity Income R5	Mutual Fund	N/A	55,052
	DFA US Large Cap Value Inst	Mutual Fund	N/A	53,206
	DFA Emerging Markets Core Equity Inst	Mutual Fund	N/A	50,901
	Harbor International Growth Inv	Mutual Fund	N/A	48,666
	American Funds Growth Fund of America R6	Mutual Fund	N/A	48,003
	American Beacon International Equity Inst.	Mutual Fund	N/A	47,706
	Oppenheimer Discovery MidCap Growth Y	Mutual Fund	N/A	47,662
	Vanguard Total International Stock Index Adm	Mutual Fund	N/A	43,668
	Blackrock Strategic Income Opportunities I	Mutual Fund	N/A	36,734
	Pimco Real Return Inst	Mutual Fund	N/A	34,753
	NW Loomis All Capital Growth R6	Mutual Fund	N/A	34,561
	BlackRock Total Return K	Mutual Fund	N/A	30,615
	TIAA-CREF Lifecycle 2060 Inst	Mutual Fund	N/A	30,253
	Columbia Large Cap Growth Inst.	Mutual Fund	N/A	29,456
	Lord Abbett Floating Rate R5	Mutual Fund	N/A	28,071
	American Funds American Balanced Fund A	Mutual Fund	N/A	27,620
	American Funds The Investment Company of America A	Mutual Fund	N/A	27,042
	DFA US Target Value Inst	Mutual Fund	N/A	25,416
	Ivy Pictet Emerging Mkts Lcl Ccy Dbt I	Mutual Fund	N/A	22,092
	American Funds New World R6	Mutual Fund	N/A	21,140
	Vanguard Explorer Adm	Mutual Fund	N/A	20,654
	TIAA-CREF Lifecycle 2025 Inst	Mutual Fund	N/A	19,067
	American Funds The New Economy Fund A	Mutual Fund	N/A	16,404
	Principal Real Estate Securities Inst	Mutual Fund	N/A	14,771
	American Funds The Income Fund of America A	Mutual Fund	N/A	13,861
	Nationwide Inv Des Mod Aggr R6	Mutual Fund	N/A	9,853
	Nationwide Core Plus Bd R6	Mutual Fund	N/A	7,969
	Fidelity Total Market Ind	Mutual Fund	N/A	7,646
	Nationwide Geneva Small Cap Growth Inst	Mutual Fund	N/A	6,918
	TIAA-CREF Lifecycle 2050 Inst	Mutual Fund	N/A	6,158
	JPMorgan Mortgage Backed Securities R6	Mutual Fund	N/A	6,084
	TIAA-CREF Lifecycle 2040 Inst	Mutual Fund	N/A	5,865
	Fidelity Inflation Protected Bd Ind	Mutual Fund	N/A	5,553

Barnesville Hospital Association, Inc. Voluntary Tax Deferred Annuity Plan

EIN: 34-0719172

PLAN #002

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF THE YEAR

Schedule H -question 4(i)

DECEMBER 31, 2018

Party In Interest	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value		2018
		Cost	Current Value	
	American Funds Europacific	Mutual Fund	N/A	5,526
	Nationwide Inv Des Mod R6	Mutual Fund	N/A	5,457
	TIAA-CREF Lifecycle 2030 Inst	Mutual Fund	N/A	5,452
	Nationwide Inv Des Aggr R6	Mutual Fund	N/A	5,003
	Fidelity 500 Index	Mutual Fund	N/A	4,928
	Nationwide Inv Des Cnsrv R6	Mutual Fund	N/A	4,482
	American Funds Fundamental Investors A	Mutual Fund	N/A	3,299
	TIAA-CREF Real Estate Securities Inst	Mutual Fund	N/A	3,223
	TIAA-CREF Lifecycle 2015 Inst	Mutual Fund	N/A	2,457
	Federated Inst High Yield Bond Inst	Mutual Fund	N/A	1,226
	TIAA-CREF Lifecycle 2020 Inst	Mutual Fund	N/A	951
	TIAA-CREF Lifecycle 2055 Inst	Mutual Fund	N/A	854
	DFA Inflation Protected Securities Inst	Mutual Fund	N/A	711
	American Funds Washington Mutual Investors Fund A	Mutual Fund	N/A	331
	American Funds Intermediate Bond Fund of America A	Mutual Fund	N/A	298
	Fidelity International Ind	Mutual Fund	N/A	283
	Vanguard Short Term Bond Index Adm	Mutual Fund	N/A	232
	Nationwide Inv Des Mod Cnsrv R6	Mutual Fund	N/A	219
	Total Mutual Funds:			<u>1,401,622</u>
	Invesco Equity and Income	Pooled separate accounts	N/A	104,721
	Hartford Growth Opportunities	Pooled separate accounts	N/A	96,343
	MFS Utilities	Pooled separate accounts	N/A	71,472
	American Funds Income Fund of America	Pooled separate accounts	N/A	53,460
	Pimco Real Return Inst	Pooled separate accounts	N/A	51,190
	American Funds Bond Fund of America	Pooled separate accounts	N/A	50,527
	Janus Henderson Forty	Pooled separate accounts	N/A	23,334
	American Funds Europacific	Pooled separate accounts	N/A	20,186
	BlackRock S&P 500 Index VI	Pooled separate accounts	N/A	17,440
	Invesco Oppenheimer Main St. MC	Pooled separate accounts	N/A	17,340
	BlackRock Advantage Small Cap Growth	Pooled separate accounts	N/A	14,090
	Pimco Total Return	Pooled separate accounts	N/A	13,851
	American Funds Growth Fund of America R6	Pooled separate accounts	N/A	10,038
	American Century Equity Income	Pooled separate accounts	N/A	8,532
	BlackRock LifePath DY 2030	Pooled separate accounts	N/A	7,500
	Hartford Healthcare HLS	Pooled separate accounts	N/A	7,452
	Invesco Oppenheimer Global	Pooled separate accounts	N/A	4,925
	ClearBridge Small Cap Growth	Pooled separate accounts	N/A	4,913
	Victory Special Value	Pooled separate accounts	N/A	3,926
	Davis New York Venture	Pooled separate accounts	N/A	3,736
	American Funds Capital World Growth & Income	Pooled separate accounts	N/A	3,714
	Invesco Oppenheimer International Bond	Pooled separate accounts	N/A	2,915
	Templeton Developing Markets	Pooled separate accounts	N/A	2,783
	BlackRock LifePath DY 2020	Pooled separate accounts	N/A	2,476
	Invesco Real Estate	Pooled separate accounts	N/A	1,725

Barnesville Hospital Association, Inc. Voluntary Tax Deferred Annuity Plan

EIN: 34-0719172

PLAN #002

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF THE YEAR

Schedule H -question 4(i)

DECEMBER 31, 2018

Party In Interest	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	2018
				Current Value
	Lord Abbett Bond Debenture	Pooled separate accounts	N/A	1,531
	Janus Henderson Overseas	Pooled separate accounts	N/A	993
	Hartford Total Return Bond HLS	Pooled separate accounts	N/A	175
	Hartford Ultrashort Bond	Pooled separate accounts	N/A	85
	Total Pooled separate accounts:			<u>601,373</u>
	Notes Receivable from participants	Notes Receivable	N/A	2,867
		Totals		3,407,536